

Case Number:	CM15-0203773		
Date Assigned:	10/20/2015	Date of Injury:	05/18/2010
Decision Date:	12/02/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old female who sustained an industrial injury on 5-18-10. The medical records indicate that the injured worker is being treated for cervical spine myofascitis with radiculitis; rule out cervical spine disc injury; impingement syndrome-bilateral shoulder; left wrist tendinitis; left carpal tunnel syndrome; left flexor tenosynovitis; status post left wrist arthroscopy (12-30-11); left rotator cuff tendinitis, impingement syndrome, superior labral tear and adhesive capsulitis; left and right elbow lateral epicondylitis; overuse syndrome right upper extremity; possible thoracic outlet syndrome. She currently (9-28-15) complains of pain in the neck, bilateral shoulders, elbows and wrists. She has sleep difficulties due to pain. In the 6-4-15 progress note the physical exam revealed tenderness to palpation of the cervical spine in the upper, mid and lower paravertebral and trapezius muscle, decreased range of motion; thoracic spine revealed tenderness to palpation with normal range of motion; left and right shoulder exam revealed tenderness to palpation over the anterior rotator cuff and mild acromioclavicular joint and bicipital tenderness, mildly positive impingement and grind sign, decreased range of motion. The 6-15-15 progress note indicates continued shoulder pain with internal rotation with arms behind the back to T7 and external rotation with the arm at the side is to 80 degrees. There is pain and weakness to supraspinatus and external rotation testing. In the progress note dated 9-28-15 the treating provider indicates that the injured worker has signs and symptoms of thoracic outlet syndrome and should be evaluated and treated by someone who specializes in this condition. On 10-14-15 Utilization Review non-certified the request for consultation with a vascular surgeon for Thoracic outlet Syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Consultation with a vascular surgeon for thoracic outlet syndrome: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127; Official Disability Guidelines, Thoracic Outlet Syndrome-Adson's Test, Criteria for Vascular TOS, Arterial.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Physical Examination, Surgical Considerations, and Elbow Complaints 2007, Section(s): Anatomy.

Decision rationale: Consultation with a vascular surgeon for thoracic outlet syndrome is not medically necessary per the MTUS Guidelines. The MTUS states that a complaint of tingling and/or numbness in the fourth and fifth fingers is usually due to ulnar nerve impingement at the elbow, C8 cervical radiculopathy, or impingement of the ulnar nerve at the wrist. Thoracic outlet syndrome can be considered, although that condition is generally believed to be quite uncommon. Thoracic outlet syndrome (TOS) has signs and symptoms of scalene tenderness, positive Tinel's sign over the brachial plexus, and positive maneuvers that provoke neurovascular signs and symptoms. Tests for TOS are of questionable value. Once all other diagnoses have been ruled out and TOS is suspected, referral to a specialist is recommended if invasive treatment is entertained as an option. While not well supported by high-grade scientific studies, cases with progressive weakness, atrophy, and neurologic dysfunction are sometimes considered for surgical decompression. A confirmatory response to electromyography (EMG)-guided scalene block, confirmatory electrophysiologic testing and/or magnetic resonance angiography with flow studies is advisable before considering surgery. The documentation is not clear that this patient's symptoms are due to thoracic outlet syndrome rather than a more common syndrome mimicking this condition (i.e. cervical radiculitis) therefore this request is not medically necessary.