MAXIMUS Federal Services

Case Number:	CM15-0217848		
Date Assigned:	11/09/2015	Date of Injury:	11/01/2013
Decision Date:	12/22/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/05/2015

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: Pennsylvania
Certification(s)/Specialty: Family Practice

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 27 year old female, who sustained an industrial injury on 11-01-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for thoracic outlet syndrome, and bilateral carpal tunnel syndrome. Medical records (03-19-2015 to 10-05-2015) indicate ongoing bilateral wrist pain. Pain levels were 6-7 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity level or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 10-05-2015, revealed restricted range of motion in both wrist and decreased sensation in the hands. Relevant treatments have included wrist splints, work restrictions, and medications. The treating physician indicates that the IW has gained weight since the injury due to inability to exercise. The request for authorization (06-17-2015) shows that the following services were requested: MR arteriogram of brachial plexus to the scalene muscles and a nutritionist consultation. The original utilization review (10-28-2015) non-certified the request for MR arteriogram of brachial plexus to the scalene muscles and a nutritionist consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arteriogram of brachial plexus to the scalene muscles: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter: Arterial ultrasound TOS testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Arterial ultrasound TOS testing and Other Medical Treatment Guidelines Up-to-date/Overview of thoracic outlet syndromes.

Decision rationale: The medical record indicates that this worker has clinical signs and neurodiagnostic testing suggestive of thoracic outlet syndrome. Neither the MTUS nor the ODG discuss MR arteriogram of the brachial plexus but Up-to-date states "Diagnosis of nTOS is often clinical, but electrodiagnostic and imaging can exclude other diagnosis. Arterial or venous duplex ultrasounds are the initial diagnostic tests for aTOS or vTOS, respectively. The role for computed tomographic or magnetic resonance imaging is evolving and provides important diagnostic information especially when ultrasound results are equivocal." "Contrast-enhanced magnetic resonance angiography using provocative arm positioning can allow excellent imaging to the vessels and can be a useful diagnostic tool." Up-to-date also states, "Ultrasonography is the initial imaging test to evaluate aTOS or vTOS because it is inexpensive and noninvasive." The medical record does not indicate this worker has had ultrasonography. However, the ODG does not recommend arterial ultrasound TOS testing. Given this conundrum of evidence-based guidelines, MR arteriogram of the brachial plexus is medically necessary and appropriate.

Nutritionist consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date/Obesity in Adults, Behavioral Therapy.

Decision rationale: According to the 10/14/2015 physician progress note, this worker has gained 40 pounds, which exacerbates the condition, and she needs nutrition counseling. Her calculated BMI is outside of the normal range. Progress notes before the date also indicate this worker has been prescribed weight loss medications and internal medicine referral. Neither the MTUS nor the ODG address nutritionist referral. Up-to-date states, "For overweight and obese patients who are attempting to lose weight, we suggest weight loss programs that include behavior modification. A high-intensity program (at least 12 sessions over six months) with frequent reinforcement is preferred." Considering that, this worker has failed attempts at weight loss including the use of medication and that the obesity is contributing to a chronic condition, referral for nutritional counseling is medically necessary and appropriate.