

Case Number:	CM15-0052700		
Date Assigned:	03/26/2015	Date of Injury:	11/06/2013
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/19/2015

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: North Carolina

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 47 year old female, who sustained an industrial injury on November 6, 2013. She has reported neck pain, arm pain, shoulder pain, and mid back pain. Diagnoses have included left cervical spine radiculopathy, left shoulder impingement, left ulnar nerve entrapment, and rule out cervical spine disc herniation. Treatment to date has included medications, physical therapy, injections, and imaging studies. A progress note dated March 3, 2015 indicates a chief complaint of left neck pain, left shoulder pain, left arm pain, and left thoracic spine pain. The treating physician documented a plan of care that included a diagnostic Doppler ultrasound of the brachial plexus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation: Diagnostic Doppler Ultrasound of Brachial Plexus: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines, Arterial ultrasound TOS testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, thoracic outlet syndrome.

Decision rationale: The California MTUS does not specifically address the requested service. Per the ODG and the ACOEM, ultrasound studies for vascular thoracic outlet syndrome are not recommended due to the lack of evidence to support their diagnostic abilities accurately. Therefore, the test is not medically necessary.