

Case Number:	CM15-0054875		
Date Assigned:	03/30/2015	Date of Injury:	10/19/2004
Decision Date:	05/06/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/23/2015

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

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 60 year old female, who sustained an industrial injury on 10/19/04. The injured worker was diagnosed as having bilateral upper and lower extremity complex regional pain syndrome, history of cervicogenic headaches, history of depression and sleep disorder and benign teratoma. Treatment to date has included Terocin lotion, sympathetic ganglion nerve blocks and Valium. Currently, the injured worker complains of bilateral upper and lower extremity pain. The physical exam dated 11/5/13 noted full strength in both upper and lower extremities with positive allodynia, hyperalgesia and nail ridging. The treatment plan at this time is to continue Terocin lotion sparingly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic Outlet Syndrome Vest Custom Made: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Date Institute-Pain (chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 6 page 11.

Decision rationale: The patient presents with pain affecting the bilateral upper and lower extremities. The current request is for Thoracic Outlet Syndrome Vest Custom Made. The requesting treating physician report was not found in the documents provided. The most current report provided for review is dated 11/5/13 (19B) and states, "(The patient) is a pleasant 59-year old female with history of bilateral upper and lower extremity complex regional pain syndrome. She remains stable with her symptoms. She rates her pain at 5/10 in both upper and lower extremities with continued sensitivity to touch and bilateral upper extremity weakness." The UR report dated 2/11/15 (13B) references a progress report dated 2/3/15 and states, "It was documented that the claimant had been evaluated by a neurologist who diagnosed her with bilateral thoracic outlet syndrome, right greater than left. It was reported that he had done taping in the office." The claimant report an instant decrease in swelling and pain in upper extremities. She is unable to do taping on her own and reports that her symptoms have returned. The MTUS and ODG guidelines do not address the current request. The ACOEM guidelines chapter 6 page 11 states, "If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed in order to identify incorrect or missed diagnoses. Further treatment should be appropriate for the diagnosed condition(s), and should not be performed simply because of continued reports of pain." In this case, the patient presents with a new diagnoses of thoracic outlet syndrome but there were no current medical reports provided that show what other conservative treatments have failed or if the patient is a candidate for surgery. Additionally, there is not enough peer reviewed literature regarding custom vests for the treatment of thoracic outlet syndrome. Furthermore, while a trial might be reasonable, the purchase of a custom vest without documentation of its efficacy in treating the patient's symptoms is not. Recommendation is for denial. The request is not medically necessary.