

Case Number:	CM15-0055621		
Date Assigned:	03/30/2015	Date of Injury:	11/06/2013
Decision Date:	05/07/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/24/2015

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: Florida

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 11/06/2013. She reported continuous trauma injuries to the neck, left upper extremity, and upper back. The injured worker was diagnosed as having rule out cervical herniated nucleus pulposus, left C5 radiculopathy, left shoulder impingement, and left ulnar nerve entrapment. Treatment to date has included conservative measures, including physical therapy, medications, and left shoulder and elbow cortisone injections. Currently, the injured worker complains of left neck pain, left shoulder pain, left upper extremity pain, and left thoracic spine pain. Current medications included Norco, Naproxen, Protonix, Januvia, Albuterol, Lunesta, and Hydroxyzine. Physical exam noted a height of 65 inches and a weight of 240 pounds. Exam of the cervical spine noted tenderness to the left trapezius, left pectoralis minor and scalene region. Axial head compression test was positive. Diffuse left shoulder tenderness was noted and impingement sign was positive. Left elbow tenderness was noted. Upper extremity motor testing was 4/5. Magnetic resonance imaging findings of the left shoulder, left elbow, and cervical spine were referenced. Electrodiagnostic studies of the upper extremity (unspecified) were referenced. The treatment plan included a recommendation for 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:

Diagnostic Doppler Ultrasound: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Thoracic Outlet Syndrome Page(s): 211-212.

Decision rationale: MTUS guidelines state regarding Thoracic Outlet Compression Syndrome, "Most patients with acute thoracic outlet compression symptoms will respond to a conservative program of global shoulder strengthening (with specific exercises) and ergonomic changes. 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." In this case, this patient has had a prior MRI (it is not known if this was performed with contrast) and EMG study (it is not stated if this was performed with a scalene block.) Neither of these test results mentioned findings of Thoracic Outlet Compression Syndrome. Now, a doppler US is being requested to determine if this patient may actually have thoracic outlet compression syndrome as is suspected based off of her physical exam findings. As the requesting physician states, this is a relatively inexpensive test, and with color doppler imaging of the subclavian vasculature, this test should be able to rule in or rule out this suspected diagnosis. This is a reasonable request. It is considered medically necessary.