

Case Number:	CM14-0165598		
Date Assigned:	10/10/2014	Date of Injury:	08/10/2010
Decision Date:	11/12/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 30-year-old male who reported an injury on 08/10/2010 due to repetitive trauma while performing normal job duties. The medical records were reviewed. The injured worker reportedly sustained an injury to his right upper extremity. The injured worker was evaluated on 02/17/2014. No physical examination findings were provided during that appointment. However, it is noted that neurogenic thoracic outlet syndrome had previously been ruled out. A request was being made for an MR arthrogram as a diagnostic tool to rule out vascular thoracic outlet syndrome. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance (MR) arthrography of the bilateral thoracic outlet with and without gadolinium, abduction and adduction: Upheld

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, MR arthrogram

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Al-Omran, M. (2012). Vascular Thoracic Outlet Syndrome. Biomed Res, 23(4), 461.

Daniels, B., Michaud, L., Sease Jr, F., Cassas, K. J., & Gray, B. H. (2014). Arterial Thoracic Outlet Syndrome. *Current sports medicine reports*, 13(2), 75-80

Decision rationale: The requested magnetic resonance (MR) arthrography of the bilateral thoracic outlet with and without gadolinium, abduction and adduction is not medically necessary or appropriate. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not specifically address vascular thoracic outlet syndrome. Peer reviewed literature indicates that physical symptoms consistent with his diagnoses include arm swelling and cyanosis. There is no recent clinical evaluation to support that the patient has any physical findings consistent with his diagnoses. Additionally, peer reviewed literature supports the use of arteriography and venography as the gold standard for vascular investigation testing. Therefore, the need for an MR arthrogram would not be supported. As such, the requested magnetic resonance (MR) arthrography of the bilateral thoracic outlet with and without gadolinium, abduction and adduction is not medically necessary or appropriate.