

Case Number:	CM14-0044766		
Date Assigned:	07/02/2014	Date of Injury:	02/19/1999
Decision Date:	08/22/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/11/2014

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 Interventional Spine and is licensed to practice in California. 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 50-year-old female who reported an injury on 02/19/1999. The mechanism of injury was noted to be a pull of her right upper extremity with a traumatic amputation of her thumb. The injured worker's diagnoses were noted to be bilateral thoracic outlet syndrome, right greater than left; status post right thumb amputation; status post right ulnar nerve transposition; status post right rotator cuff repair; and right sternoclavicular joint synovitis and instability. The injured worker's prior treatments were noted to be medication management and physical therapy. The injured worker had a clinical evaluation on 01/20/2014. She reported severe pain when she tries to do too much with either of her arms. The physical examination noted tenderness on the supraclavicular area. There was significant pain and stretching of the brachial plexus on the right. Her pulse dropped on the right side with forward elevation in abduction. The injured worker's medications were noted to be Voltaren, Prilosec, and Methoderm gel. The treatment plan was for a nerve block to the right upper extremity. This was done under ultrasound guided needle placement on the date of examination. The provider's rationale for the request was submitted with the documentation provided for review. A request for authorization for medical treatment was provided with this review and dated 02/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Posture Vest for thoracic outlet syndrome, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Supports.

Decision rationale: The request for Purchase of a Posture Vest for thoracic outlet syndrome, as an outpatient is non-medically necessary. The California MTUS American College of Occupational and Environmental Medicine state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker has documentation of a syndrome called thoracic outlet syndrome. The Guidelines do not specifically address that syndrome; however, vests and braces are not recommended by the Guidelines. The evaluation submitted for review did not contain adequate objective symptoms requiring such brace or support. Therefore, the request for a Purchase of a Posture Vest for thoracic outlet syndrome, as an outpatient is not medically necessary.