

Case Number:	CM15-0062341		
Date Assigned:	04/08/2015	Date of Injury:	08/24/2009
Decision Date:	05/12/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/01/2015

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
 Certification(s)/Specialty: Orthopedic Surgery

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 56 year old female, who sustained an industrial injury on 08/24/2009. The injured worker is currently diagnosed as having cervical degenerative disc disease, right upper extremity radicular pain, right carpal tunnel syndrome, right pisiform osteoarthritis and right thumb carpal metacarpal osteoarthritis, previous history of thoracic outlet syndrome status post surgeries, and upper thoracic pain due to thoracic disc disease. Treatment to date has included cervical epidural steroid injections and medications. In a progress note dated 02/12/2015, the injured worker presented for pain management re-evaluation. The treating physician reported that the injured worker underwent vascular decompressive surgery for left thoracic outlet syndrome about one month ago. According to the application, Independent Medical Review is requested for right pectoralis minor tendon release of brachial plexus with associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Pectoralis minor tendon release of brachial plexus of plexus release of axillary arteries and veins time 1: 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 Chapter-Surgery for Pectoralis tendon repair.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 3, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the exam note of 2/12/15 does not demonstrate any objective evidence of a surgical lesion by imaging or failure of conservative care to warrant a specialist referral. Therefore the request is not medically necessary.

Pre Operative H&P, CBC, CMP, PT/PTT within 30 days of schedule procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Physical Therapy (2-3 times for 4-6 weeks) 18 session: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26 and 27.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.