

Case Number:	CM15-0064767		
Date Assigned:	04/10/2015	Date of Injury:	11/01/2011
Decision Date:	05/18/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 November 1, 2011. The injured worker was diagnosed as having right greater than left thoracic outlet syndrome, right carpal tunnel syndrome with positive electromyography (EMG), left carpal tunnel syndrome asymptomatic with positive electromyography (EMG), history of right thumb CMC osteoarthritis, bilateral small finger DIP osteoarthritis, pacemaker placement secondary to arrhythmia, hypertension, pre-diabetes, and posttraumatic headache secondary to thoracic outlet syndrome. Treatment to date has included chiropractic treatments, home exercise program (HEP), and medication. Currently, the injured worker complains of neck and right upper extremity pain. The Treating Physician's report dated March 20, 2015, noted the injured worker reported her pain at 5/10, using Fenoprofen as needed as well as topical medications. Physical examination was noted to show a positive right brachial plexus stretch and Adson's maneuvers, positive right Tinel's of the carpal tunnels, and positive right Phalen's. The treatment plan was noted to include a request for authorization for a Body Buoy flexible scapulothoracic orthosis with accessories including ribbed or flat stabilizers that would augment scapular stability. Requests for authorization were also made for a lumbar waist band, a posterior adjustable spacer element to allow variable control over the vertical scapular alignment as well as the scapular adduction pads, and a thoracic outlet specialist consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Body buoy fluid scapulothoracic orthosis: 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 1. Official Disability Guidelines (ODG Knee & Leg (Acute & Chronic) Durable medical equipment (DME) 2. Peter Brukner, Karim Khan, Thoracic Outlet Syndrome: Clinical Sports Medicine, 3RD Edition, McGraw-Hill.

Decision rationale: The injured worker sustained a work related injury on November 1, 2011. The medical records provided indicate the diagnosis of right greater than left thoracic outlet syndrome, right carpal tunnel syndrome with positive electromyography (EMG), left carpal tunnel syndrome asymptomatic with positive electromyography (EMG), history of right thumb CMC osteoarthritis, bilateral small finger DIP osteoarthritis, pacemaker placement secondary to arrhythmia, hypertension, pre-diabetes, and posttraumatic headache secondary to thoracic outlet syndrome. Treatment to date has included chiropractic treatments, home exercise program (HEP), and medication. The medical records provided for review do not indicate a medical necessity for Body buoy flexible scapulothoracic orthosis. Brukner and Khan, Clinical Sports Medicine, 3rd Edition, McGraw-Hill Professional, stated, "certain treatments apply to all forms of TOS. Correction of drooping of shoulders, posture and poor body mechanics is vital." The MTUS is silent on this and Durable Medical Equipment. The Official Disability Guidelines' definition of Durable Medical Equipment include: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. Nevertheless, the requested treatment is not medically necessary at this time since the injured worker has been referred to a nationally recognized thoracic outlet syndrome specialist.

Lumbar waistband: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The injured worker sustained a work related injury on November 1, 2011. The medical records provided indicate the diagnosis of right greater than left thoracic outlet syndrome, right carpal tunnel syndrome with positive electromyography (EMG), left carpal tunnel syndrome asymptomatic with positive electromyography (EMG), history of right thumb CMC osteoarthritis, bilateral small finger DIP osteoarthritis, pacemaker placement secondary to arrhythmia, hypertension, pre-diabetes, and posttraumatic headache secondary to thoracic outlet syndrome. Treatment to date has included chiropractic treatments, home exercise program

(HEP), and medication. The medical records provided for review do not indicate a medical necessity for Body buoy fluid scapulothoracic orthosis. The MTUS does not recommend the use of lumbar support. The MTUS states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Therefore, the request is not medically necessary.

Posterior adjustable spacer element: 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 (ODG Knee & Leg (Acute & Chronic) Durable medical equipment (DME).

Decision rationale: The injured worker sustained a work related injury on November 1, 2011. The medical records provided indicate the diagnosis of right greater than left thoracic outlet syndrome, right carpal tunnel syndrome with positive electromyography (EMG), left carpal tunnel syndrome asymptomatic with positive electromyography (EMG), history of right thumb CMC osteoarthritis, bilateral small finger DIP osteoarthritis, pacemaker placement secondary to arrhythmia, hypertension, pre-diabetes, and posttraumatic headache secondary to thoracic outlet syndrome. Treatment to date has included chiropractic treatments, home exercise program (HEP), and medication. The medical records provided for review do not indicate a medical necessity for Posterior adjustable spacer element. The records indicate this is needed for the Body buoy flexible scapulothoracic orthosis. Therefore, since the Body buoy flexible scapulothoracic orthosis has been determined not to be medically necessary, this request is not medically necessary.