

Case Number:	CM15-0074277		
Date Assigned:	04/24/2015	Date of Injury:	02/18/2015
Decision Date:	07/01/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/20/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 32-year-old female, who sustained an industrial/work injury on 2/18/15. She reported initial complaints of neck, shoulder, back, and upper extremity pain. The injured worker was diagnosed as having sprain of thoracic region, cervical sprain/strain, and thoracic outlet syndrome. Treatment to date has included medication, diagnostics, and therapy. Currently, the injured worker complains of neck, low back, right shoulder, bilateral upper arm, elbows, forearm and hand pain. The arms and grip strength are becoming weaker and heavier. Per the primary physician's progress report (PR-2) on 3/27/15, examination revealed decreased and painful range of motion in all of the body parts with positive orthopedic testing. She was having difficulty with activities of daily living (ADL's) with loss of muscle mass in arms and hands, self- declared reactive depression, and numerous orthopedic tests that lead to diagnosis of thoracic outlet syndrome. The requested treatments include a unilateral upper extremity MRA; I contrast for MRA, 1 unilateral upper extremity MRI, 1 unilateral upper extremity MRI, non- joint, without dye, and 1 unilateral upper extremity MRI, non- joint, without and with dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Unilateral upper extremity MRA: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Surgery for Thoracic Outlet Syndrome (TOS).

Decision rationale: Regarding the request for MRA, CA MTUS and ODG do not provide specific indications for this study. However, ODG does note that, prior to consideration for surgery for thoracic outlet syndrome; imaging confirmation is needed in the form of an abnormal arteriogram or venogram for arterial and venous TOS respectively. Within the documentation available for review, the patient does have findings suspicious for vascular thoracic outlet syndrome. In light of the above, the currently requested MRA is medically necessary.

1 Contrast for MRA: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Surgery for Thoracic Outlet Syndrome (TOS).

Decision rationale: Regarding the request for contrast for MRA, CA MTUS and ODG do not provide specific indications for this study. However, ODG does note that, prior to consideration for surgery for thoracic outlet syndrome; imaging confirmation is needed in the form of an abnormal arteriogram or venogram for arterial and venous TOS respectively. Within the documentation available for review, the patient does have findings suspicious for vascular thoracic outlet syndrome. In light of the above, the currently requested contrast for MRA is medically necessary.

1 Unilateral upper extremity MRI, non joint, without dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Surgery for Thoracic Outlet Syndrome (TOS).

Decision rationale: Regarding the request for MRI, CA MTUS and ODG do not provide specific indications for this study in the evaluation of TOS. However, ODG does note that, prior to consideration for surgery for thoracic outlet syndrome; imaging confirmation is needed in the form of an abnormal arteriogram or venogram for arterial and venous TOS respectively. Within the documentation available for review, the patient does have findings suspicious for vascular

thoracic outlet syndrome, but there is no rationale for the use of MRI in addition to the pending MRA. In light of the above, the currently requested MRI is not medically necessary.

1 Unilateral upper extremity MRI, non joint, without and with dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Surgery for Thoracic Outlet Syndrome (TOS).

Decision rationale: Regarding the request for MRI, CA MTUS and ODG do not provide specific indications for this study in the evaluation of TOS. However, ODG does note that, prior to consideration for surgery for thoracic outlet syndrome; imaging confirmation is needed in the form of an abnormal arteriogram or venogram for arterial and venous TOS respectively. Within the documentation available for review, the patient does have findings suspicious for vascular thoracic outlet syndrome, but there is no rationale for the use of MRI in addition to the pending MRA. In light of the above, the currently requested MRI is not medically necessary.