

Case Number:	CM15-0099264		
Date Assigned:	06/01/2015	Date of Injury:	06/10/2011
Decision Date:	07/07/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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, Indiana, Oregon
 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:

This 34-year-old female sustained an industrial injury to the neck, shoulders, elbows, wrists and low back via cumulative trauma from 11/15/10 to 6/10/11. Previous treatment included electromyography, puncture angiogram, physical therapy, transcutaneous electrical nerve stimulator unit, aqua therapy, psychiatric care and medications. Electromyography/nerve conduction velocity test (9/17/14) of bilateral upper extremities was normal. In a primary treating physician's final report of occupational injury dated 3/12/15, the injured worker complained of pain to the neck, bilateral wrists and left elbow rated 9/10 on the visual analog scale. The injured worker also complained of constant psychological problems with depression and stress since the injury as well as difficulty sleeping due to pain, depression and stress. Current diagnoses included bilateral carpal tunnel syndrome, left cubital tunnel syndrome, cervical spine radiculitis with myofasciitis, thoracic outlet syndrome and psychological issues. The injured worker was assigned permanent and stationary status. The physician recommended that provisions be made for future medical care including orthopedic consultation, reevaluations, diagnostic studies, transcutaneous electrical nerve stimulator unit, ultrasound, massage, aqua therapy, acupuncture and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Angio/Venogram PTA of HNA vessels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: CA MTUS Chapter 9 page 201 states that testing for thoracic outlet syndrome is of questionable value. As the requested procedure is an evaluation for thoracic outlet syndrome, the guidelines do not support its use and it is therefore not medically necessary.

Associated surgical services: Pre-op H & P, EKG, CXR, CBC, CMP, PT/PTT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.