

<b>Case Number:</b>	CM13-0019880		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	11/10/2007
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Connecticut, North Carolina and Pennsylvania. 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 physician 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 claimant is a 55-year-old female who sustained an injury to her neck in a work related accident on November 10, 2007. Records available for review include a recent August 15, 2013 progress report with [REDACTED] indicating continued complaints of severe right sided neck pain radiating into the right hand with associated numbness and weakness. Physical examination findings show positive Adson and Roos testing with brachial plexus stretching on the right. There was a positive Spurling test and a positive Tinel's sign at the region of the right brachial plexus. Reviewed at that time were June 13, 2013 electrodiagnostic studies which showed right carpal tunnel syndrome and a right C5-6 cervical radiculopathy. Also reviewed was an April 10, 2013 MRI of the cervical spine that showed focal protrusion at C4-5. There was notation that the claimant was with an ultrasound examination to the brachial plexus in May 2013 that was consistent with fibrosis. Based on failed conservative care, including medication management, a TENS unit, injection therapy and activity restrictions, surgery was recommended in the form of a C4-5 anterior cervical discectomy and fusion as well as decompression of the right brachial plexus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**decompression on the right brachial plexus:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 211-212.

**Decision rationale:** Based on California ACOEM Guidelines and supported by Official Disability Guideline criteria, decompression of the brachial plexus concurrent to a certified anterior discectomy and fusion at the C4-5 level would not be indicated. CA MTUS with respect to surgery for acute thoracic outlet syndrome state that while not well supported by high-grade scientific studies, cases with progressive weakness, atrophy, and neurologic dysfunction are sometimes considered for surgical decompression. In this case there is not documentation of progressive weakness, atrophy, and or neurologic dysfunction. The findings appear to be more consistent with a cervical radiculopathy, and as the requested decompression of the brachial plexus is not well supported by high-grade scientific studies, the need for the concurrent procedure to include a brachial plexus decompression would not be indicated.