

<b>Case Number:</b>	CM13-0021047		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	04/04/2003
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 Internal Medicine and Cardiology and is licensed to practice in California. 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:

This patient is a 40-year-old female who reported an injury on 04/04/2003. The mechanism of injury was not specified. The patient is currently diagnosed with a left thoracic outlet syndrome with current request for consideration being an ultrasound of the left brachial plexus. The notes indicate the patient has left greater than right scalene tenderness and left brachial plexus with Tinel's and positive left costoclavicular abduction test. The notes indicate that on 08/28/2013, the patient underwent a left scalene diagnostic intramuscular injection under fluoroscopic guidance with notes indicating the patient suffers from left-sided thoracic outlet syndrome supported by ultrasound studies and physical examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound of the left brachial plexus:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

**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, Ultrasound, Diagnostic and Arterial Ultrasound TOS testing.

**Decision rationale:** CA MTUS/ACOEM Guidelines do not specifically address ultrasound of the brachial plexus. The Official Disability Guidelines state that diagnostic ultrasound may rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. Arterial ultrasound TOS testing is not recommended. Clinical tests for vascular thoracic outlet syndrome generally incorporate shoulder horizontal flexion/extension, abduction and external rotation. The effect of these clinical tests on blood flow characteristics and the most effective arm positions for detecting arterial compromise are, however, unknown. The documentation submitted for review indicates that on 08/27/2013 the patient underwent electrodiagnostic studies of the left upper extremity due to numbness and pain of the left upper extremity and neck pain. Findings of the electrodiagnostic study were that there was no evidence of left thoracic outlet syndrome and a very mild delay was noted across the left wrist status post carpal tunnel release. The patient was evaluated on 08/29/2013 with notes indicating the patient underwent a left scalene diagnostic intramuscular injection under ultrasound guidance. However, there is lack of necessity provided in the clinical notes for left brachial plexus ultrasound as the documentation submitted for review indicates the patient has no electrodiagnostic evidence of a thoracic outlet syndrome or brachial plexopathy. Given the above, the request for ultrasound of the left brachial plexus is not medically necessary and appropriate.