

Case Number:	CM13-0035886		
Date Assigned:	12/13/2013	Date of Injury:	08/24/2011
Decision Date:	01/30/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/18/2013

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, elbow, and wrist pain reportedly associated with an industrial injury of August 24, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a de Quervain's release surgery; ganglion cyst removal surgery; extensive periods of time off of work; electrodiagnostic testing of December 3, 2012, read as notable for moderate bilateral carpal tunnel syndrome with no evidence of cervical radiculopathy; and an elbow lateral epicondyle corticosteroid injection. A May 31, 2013, progress note is notable for comments that the applicant reports persistent upper extremity pain, including about the lateral epicondyle. There is pain about the ganglion cyst despite having completed previous ganglion cyst removal surgery. Dysesthesias and diminished sensorium are noted about the left arm with 4+/5 strength appreciated. The applicant is given diagnoses of wrist and thumb pain status post surgery. The applicant is also given diagnosis of left cervical radiculopathy at C7-C8. In an agreed medical evaluation on December 2, 2013, it is stated that prevalence of cubital tunnel syndrome compared with thoracic outlet syndrome is probably 100 to 1. A later chiropractic progress note of November 22, 2013 is notable for comments that the applicant is given diagnosis of chronic regional pain syndrome, polytenosynovitis, de Quervain's tenosynovitis, lateral epicondylitis, and medial epicondylitis. It is stated that the claimant has hypersensitivity to touch about the C3-C4 cervical dermatomal distributions with altered sensorium noted about the hands. On September 4, 2013, the claimant is described as having possible thoracic outlet syndrome. MRI, MRA, and MRV imaging are sought while the applicant remains off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left brachial plexus: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: In this case, the applicant's primary treating provider states that he suspects thoracic outlet syndrome (TOS). However, the California MTUS Guidelines state that tests for thoracic outlet syndrome are of questionable value. Once all other diagnoses have been ruled out and TOS is suspected, referral to a specialist is recommended if invasive treatment is recommended as an option. Many different diagnoses and operating diagnoses have been set forth, including cervical radiculopathy, brachial plexopathy and thoracic outlet syndrome. Also it is not clearly stated or suggested that any invasive procedure would be performed here as a result of the outcome of the testing in question. Although MRI imaging is recommended to diagnose brachial plexopathies. In this case, there is no clear evidence or suspicion of a brachial plexopathy for which a brachial plexus MRI would be indicated. For all of these reasons, the request is not certified.

MRA of the left brachial plexus: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: In this case, the applicant's primary treating provider states that he suspects thoracic outlet syndrome (TOS). However, the California MTUS Guidelines state that tests for thoracic outlet syndrome are of questionable value. Once all other diagnoses have been ruled out and TOS is suspected, referral to a specialist is recommended if invasive treatment is recommended as an option. Many different diagnoses and operating diagnoses have been set forth, including cervical radiculopathy, brachial plexopathy and thoracic outlet syndrome. Also it is not clearly stated or suggested that any invasive procedure would be performed here as a result of the outcome of the testing in question. For all of these reasons, the request is not certified.

MRV of the left brachial plexus: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: In this case, the applicant's primary treating provider states that he suspects thoracic outlet syndrome (TOS). However, the California MTUS Guidelines state that tests for thoracic outlet syndrome are of questionable value. Once all other diagnoses have been ruled out and TOS is suspected, referral to a specialist is recommended if invasive treatment is recommended as an option. Many different diagnoses and operating diagnoses have been set forth, including cervical radiculopathy, brachial plexopathy and thoracic outlet syndrome. Also it is not clearly stated or suggested that any invasive procedure would be performed here as a result of the outcome of the testing in question. For all of these reasons, the request is not certified.