MAXIMUS Federal Services

Case Number:	CM13-0048518		
Date Assigned:	12/27/2013	Date of Injury:	09/29/2003
Decision Date:	04/18/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/06/2013

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. The expert reviewer is Board Certified in Orthopaedic Surgery 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 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/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 52-year-old female maintenance mechanic sustained a neck, right shoulder/upper arm, and left shoulder injury on 9/29/03. The patient is status post transposition of the ulnar nerve, right elbow on 6/21/04, and right shoulder arthroscopic capsular release for adhesive capsulitis on 1/28/08. The 9/4/12 neurology and pain management consult report documented a chief complaint of right upper extremity pain with virtually no use of the right shoulder due to pain and guarding. Pain was reported sharp, aching, burning and shooting in character. She had undergone physical therapy and acupuncture without benefit. Exam findings noted severe tenderness over the right infraclavicular, supraclavicular, and scapular areas, 4/5 right upper extremity strength with moderate atrophy, impaired sensation to touch and pain diffusely in the right upper extremity, right shoulder range of motion restricted in all motions, altered posture due to right shoulder depression and internal rotation, and normal deep tendon reflexes. The diagnosis was brachial plexus lesions, chronic shoulder joint pain, history of multiple shoulder surgeries, and history of ulnar transposition x 2. A scalene block was requested as the patient had signs/symptoms consistent with neurovascular compression syndrome arising from the level of the plexus/thoracic outlet and objective diagnostic testing (MRI Plexus) was abnormal and consistent with this process. The treatment plan also recommended a suprascapular nerve block to allow for assessment of shoulder pain relief and improve function and range of motion. The 11/27/12 electrodiagnostic testing revealed mild delay of sensory peak latency across the wrist median nerve testing (mild carpal tunnel syndrome), decreased amplitude and delay of ulnar sensory response and radial peak sensory latency on NCV, decreased interference pattern on all distal ulnar innervated muscle testing consistent with her history of ulnar nerve injury and transposition, and mild denervation in the supraspinatus and infraspinatus muscles, but not in the deltoid, suggesting suprascapular nerve injury (chronic) versus radiculopathy. The 8/5/13

treating physician report documented bilateral shoulder pain, right arm pain, and numbness in the right side of her face. Exam findings noted significant coolness of the right arm compared to the left and multiple very sensitive trigger points, on the allodynic side, not reproduced on the contralateral side of the trapezius, biceps and triceps. Right shoulder range of motion was markedly limited. The treating physician opined a CRPS type reaction in the right upper extremity. He strongly recommended that she see the pain specialist for blocks. Requests were noted on 9/11/13 and 10/15/13 for right scalene block relative to a diagnosis of brachial plexus lesion.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SCALENE BLOCK QTY:1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Page(s): 103-104. Decision based on Non-MTUS Citation ODG Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Shoulder, Anterior scalene block..

Decision rationale: Under consideration is a request for right scalene block. The California MTUS guidelines do not provide recommendations specifically for this procedure. The Official Disability Guidelines recommend anterior scalene blocks in the treatment of acute thoracic outlet symptoms and as an adjunct to diagnosis. Guidelines state that it is advisable to have a confirmatory response to EMG-guided scalene block before consideration of surgery in patients with progressive weakness, atrophy and neurologic dysfunction. Guideline criteria have been met. The patient presents with signs and symptoms of neurogenic thoracic outlet syndrome consistent with EMG and MRI findings and has failed conservative treatment. The use of a scalene block as a confirmatory response is advised before surgical consideration. Therefore, this request for right scalene block is medically necessary.

MEDICAL CLEARANCE HISTORY AND PHYSICAL QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines of the Joint Commission on Accreditation of Healthcare Organizations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT (ICSI). PREOPERATIVE EVALUATION

Decision rationale: Under consideration is a request for medical clearance history and physical. The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. There is no documentation of past medical history in the records. This request is reasonable given the patient's protracted symptoms

and unknown potential co-morbidities. Therefore, this request for medical clearance history and physical is medically necessary.

PRE PROCEDURE EKG QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines of the Joint Commission on Accreditation of Healthcare Organizations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PRACTICE ADVISORY FOR PRE-ANESTHESIA EVALUATION: AN UPDATED REPORT BY THE AMERICAN SOCIETY OR ANESTHESIOLOGISTS TASK FORCE ON PRE-ANESTHESIA EVALUATION

Decision rationale: Under consideration is a request for pre-procedure EKG. The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Middle-aged females have known occult increased cardiovascular risk factor to support the medical necessity of a pre-procedure EKG. Therefore, this request for pre-procedure EKG is medically necessary.

PRE PROCEDURE LAB TEST: CBC QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines of the Joint Commission on Accreditation of Healthcare Organizations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PRACTICE ADVISORY FOR PREANESTHESIA EVALUATION: AN UPDATED REPORT BY THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS TASK FORCE ON PREANESTHESIA EVALUATION. ANESTHESIOLOGY 2012

Decision rationale: Under consideration is a request for pre-procedure lab test, CBC. The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that clinical characteristics to consider as indications for lab testing include type and invasiveness of procedure, patients with liver disease, extremes of age, and history of anemia, bleeding, and other hematologic disorders. Middle-aged females have known occult increased medical/cardiac risk factors. Given these clinical indications, this request for pre-procedure lab test (CBC) is medically necessary.