

<b>Case Number:</b>	CM13-0050786		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Orthopedic 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:

The injured worker is a 47 year old pastry chef who developed right wrist pain secondary to cumulative trauma on 08/24/11. Records indicate that he is status post a right DeQuervain's release and right ganglion cystectomy performed in 02/2013. Interval treatment has included physical therapy and elbow injections. The records include an electromyogram/nerve conduction velocity study dated 12/03/12 which indicated mild bilateral carpal tunnel syndrome. The injured worker has continued subjective complaints of bilateral upper extremity pain. He has been seen by an orthopedist on multiple occasions and there is no suggestion of a brachial plexus injury. The record contains a clinical note dated 08/29/13 in which a qualified medical evaluator opines that the injured worker has positive findings suggestive of thoracic outlet syndrome. The record contains a utilization review determination dated 10/16/13 in which a request for a magnetic resonance image/magnetic resonance angiogram/magnetic resonance venography of the right brachial plexus was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI/MRA/MRV RIGHT BRACHIAL PLEXUS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, MR Neurography, Thoracic Outlet Surgery.

**Decision rationale:** The submitted clinical records indicate that the injured worker developed right upper extremity pain secondary to cumulative trauma associated with pastry preparation. He is status post right DeQuervain's release and right ganglion cystectomy on 02/20/13. He has been evaluated by multiple orthopedists who have not made a suggestion of thoracic outlet syndrome. There is no mention in the clinical record other than the single note from the requestor of examination findings suggestive of a brachial plexus injury. The record contains electromyogram/nerve conduction velocity studies performed on 12/03/12 which showed no anomalies that would be consistent with a brachial plexus injury. Given the absence of correlating examination findings from orthopedic surgeons and noting no historical evidence of a brachial plexus injury, the request for a magnetic resonance image/magnetic resonance angiogram/magnetic resonance venography is not supported as medically necessary.