

Case Number:	CM13-0059247		
Date Assigned:	12/30/2013	Date of Injury:	04/03/2012
Decision Date:	04/03/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	12/02/2013

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 Hand Surgery, and is licensed to practice in Texas. 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 patient is a 45-year-old male who reported an injury on 4/3/12. The patient was injured when he was struck by a large piece of glass on a conveyor belt. The patient is diagnosed with right thoracic outlet syndrome with compression of the right ulnar and median nerve in the right upper extremity. The patient was seen by [REDACTED] on 8/1/13. The patient reported severe pain in the right side of the neck with radiation into the right upper extremity. The patient also reported pain in the right elbow and wrist with severe muscle spasm. Physical examination revealed 4/5 strength in the right upper extremity, decreased sensation, reduction of deep tendon reflexes in the right arm, and muscle spasm in the cervical and lumbar spine. Treatment recommendations included a decompression of the right brachial plexus including right ulnar and median nerve. The patient has undergone an ultrasound evaluation of bilateral brachial plexus on 6/11/13, which indicated positive Adson's test, enlarged right brachial plexus nerve trunk, and prominent fibrosis with scar tissue and adhesion at the right anterior and middle scalene musculature. The patient also underwent electrodiagnostic studies on 5/22/12, which indicated entrapment neuropathy of the median nerve at the right wrist, as well as mild entrapment neuropathy of the ulnar nerve at the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression of the right ulnar and median nerve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, and Forearm, Wrist, and Hand Complaints Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: The California MTUS/ACOEM practice guidelines state that referral for surgical consultation may be indicated for patients who have significant limitation of activity for more than three months, who fail to improve with exercise programs, and who have clear clinical and electrophysiological or imaging evidence of a lesion. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment to include exercise, activity modification, medications, and splinting. Therefore, the current procedure cannot be determined as medically appropriate at this time. As such, the request is noncertified.