

Case Number:	CM13-0066349		
Date Assigned:	01/03/2014	Date of Injury:	02/19/2013
Decision Date:	05/23/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

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 patient is a 40 year old female who was injured on 02/19/2013 while taking out trash bags. She was lifting them up sequentially with two hands and bringing them across the body to the right. She had immediate pain in her neck. Prior treatment history has included injections to the AC joint and subacromial joint on 11/20/2013; 12 sessions of chiropractic therapy; Gabapentin which helps a little and Tramadol which helps her some. Diagnostic studies reviewed include MRI of brachial plexus without contrast dated 12/06/2013 revealed no abnormality is seen in the right brachial plexus and degenerative changes C4-C5 and C5-C6 disc with small posterior disc protrusion at C5-C6. An EMG/NCV dated 05/10/2013 demonstrates an abnormal EMG and nerve conduction study in the bilateral upper extremities. The study showed evidence of bilateral carpal tunnel syndrome, mild on the right and minimal on the left with prolonged median sensory latencies across the wrist. There is no evidence of ulnar and radial neuropathy or significant cervical radiculopathy. An MRI of the upper extremity joint without contrast right shoulder dated 03/22/2013 shows mild degenerative changes of the right acromioclavicular joint and lateral down sloping of the acromion. These may predispose to impingement syndrome and clinical correlation is suggested. There is no evidence of rotator cuff or labral tear. Sports neurology and pain management report dated 11/20/2013 reports the patient has shoulder dyskinesia on the right side so she is recommended a scapular brace to prefer posturing to improve the shoulder girdle mechanics. It is suggested that the patient's Gabapentin is increase from 600 mg to 1800 mg daily. The goal is to increase the patient's ability to self-manage pain and related problems; reduce subjective pain intensity; maximize and maintain optimal physical activity and function; and return to productive activity at home, socially, and /or at work. The progress note dated 11/20/2012 states the patient presents with right arm pain. The patient has requested ultrasound guided injection to his right trapezius, physical therapy after injections and

his scapular brace and these are all for MRI imaging of her right brachial plexus. She is frustrated. On exam, she is tender over her supraclavicular and infraclavicular plexus. She has a mild tenderness about her AC joint. There is no tenderness over her AC joint or SC joint. She also has mild tenderness over her bicipital groove. Her reflexes are symmetric. Her radial, ulnar, median neural tension signs are positive. The patient is diagnosed with right shoulder strain, cervical strain, right elbow ulnar neuritis, and bilateral CTS.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCAPULAR BRACE RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 213.

Decision rationale: According to the CA MTUS guidelines, shoulder brace or sling is recommended for short duration of time (1-2 days) in cases of severe shoulder pain. In cases of shoulder dislocation and AC separation the sling can be used up to 3 weeks. The medical records document the patient had diagnosed with right shoulder stain. The patient received several intraarticular steroid injections in the right AC and SC joints and had 12 sessions of rehabilitation therapy. As there is no recent injury to the right shoulder, and no acute exacerbation of the current pain, further, the guidelines do not recommend prolonged use of a sling on shoulder joint. Therefore, the request is not medically necessary according to the guidelines.