MAXIMUS Federal Services

Case Number:	CM14-0006462		
Date Assigned:	02/07/2014	Date of Injury:	12/24/2006
Decision Date:	06/27/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/16/2014

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 Physical Medicine & Rehabilitation, 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 58 year old female with a reported date of injury on 12/24/2006. The injured worker presented with severe weakness and pain to the right upper extremity. Upon physical examination the injured worker presented with restricted movement in the right shoulder and severe tenderness. The injured worker had hypoesthesia and weakness in the right upper extremity and a frozen right shoulder. Upon physical exam, bilateral wrist range of motion demonstrated flexion bilaterally to 80 degrees, extension bilaterally to 80 degrees, radial deviation bilaterally to 15 degrees, and ulnar deviation to 30 degrees, as well as positive straight leg raise bilaterally. The physician indicated that there was hypoesthesia in the right upper extremity globally. The injured worker's diagnoses included bilateral thoracic outlet syndrome, bilateral shoulder internal derangement, chronic pain syndrome, and cervical spondylosis. History of previous conservative care, to include prior physical therapy was not provided within the documentation available for review. According to the clinical note dated 12/20/2013, the injured worker's medication regimen included meclizine, Dexilant, Benefiber, Dulcolax, Zofran, Cyclobenzaprine, Xanax, Celebrex, and Flexeril. The Request for Authorization for a soft tissue ultrasound of the brachial plexus with Doppler was submitted on 01/16/2014. The rationale for soft tissue ultrasound of the shoulder for exam of the rotator cuff was requested to be done at the same time as the brachial plexus Doppler flow studies for possible brachial plexus injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOFT TISSUE ULTRASOUND OF THE BRACHIAL FLEXUS WITH DOPPLER FLOW STUDIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Ultrasound, diagnostic.

Decision rationale: The Official Disability Guidelines recommend diagnostic ultrasound to rule out the presence of a rotator cuff tear. Ultrasound is a highly accurate imaging study for evaluating the integrity of the rotator cuff and shoulders that have undergone operation. Preoperative ultrasound examination of the shoulder is a reliable diagnosis of complete rotator cuff tears and calcium deposits. According to the documentation provided for review, the ultrasound is requested to diagnose rotator cuff syndrome. The brachial plexus Doppler flow studies are in relation to the diagnosis of a brachial plexus injury. Although the injured worker has symptoms of severe weakness and pain in the right upper extremity, there is a lack of documentation indicating any prior diagnostic studies have been performed, including EMG/NCV, MRI, or CT scan of the shoulder. There is a lack of orthopedic exam findings related to a rotator cuff injury or plexus injury. The submitted request did not specify the side which the requested procedure is to be performed. Therefore, the request is not medically necessary and appropriate.