MAXIMUS Federal Services

| Case Number: | CM14-0018088 | | |
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| Date Assigned: | 04/16/2014 | Date of Injury: | 08/18/2009 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 01/14/2014 |
| Priority: | Standard | Application Received: | 02/12/2014 |

## 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 and Rehabilitation, has a subspecialty in Pain Management 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 is a patient with a date of injury of 8/18/09. A utilization review determination dated 1/14/14 recommends non-certification of consultation for the left shoulder and MRI. 12/9/13 medical report identifies left arm pain attributed to a brachial plexus injury. On exam, there is tenderness both infraclavicularly and supraclavicularly in the brachial plexus. There are positive neural tension signs, radial, ulnar, and median nerves, with tenderness over those nerves and pain with contralateral neck bending. The provider feels that there was misdiagnosis of the initial shoulder strain as the patient has a classic brachial plexus stretch injury. He is requesting an MRI of the brachial plexus and a consult with the doctor who is "the brachial plexus guru in Southern California."

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CONSULTATION FOR THE LEFT SHOULDER:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES , , 210

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2nd EDITION 2004, OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 127

**Decision rationale:** Regarding the request for consultation for the left shoulder, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the provider, an orthopedic surgeon, has documented symptoms and findings suggestive of a brachial plexus injury and has recommended that the patient be evaluated by a specialist with extensive experience in treating that type of injury. The patient has a longstanding injury and it appears that extensive conservative treatment under the initial diagnosis of a shoulder strain has failed to adequately address the patient's complaints. In light of the above, the currently requested consultation for the left shoulder is medically necessary.

**MRI OF THE LEFT SHOULDER WITHOUT CONTRAST:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, , 208, 209

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, SHOULDER COMPLAINTS, 207-209

**Decision rationale:** Regarding the request for MRI of the left shoulder without contrast, ACOEM Guidelines states that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Within the documentation available for review, the provider, an orthopedic surgeon, has documented symptoms and findings suggestive of a brachial plexus injury and has recommended that the patient undergo MRI and be evaluated by a specialist with extensive experience in treating that type of injury. The patient has a longstanding injury and it appears that extensive conservative treatment under the initial diagnosis of a shoulder strain has failed to adequately address the patient's complaints. As there is evidence of neurological dysfunction despite conservative treatment, an MRI appears reasonable to evaluate for a brachial plexus injury. In light of the above, the currently requested MRI of the left shoulder without contrast is medically necessary.