

Case Number:	CM14-0134945		
Date Assigned:	08/27/2014	Date of Injury:	09/02/2010
Decision Date:	10/20/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/21/2014

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 Occupational Medicine 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:

36 yr. old female claimant sustained a work injury on 9/2/10 involving the neck. She was diagnosed with cervical disc disease. An MRI of the cervical spine in 2010 was unremarkable. She had used oral analgesics, TENS unit and undergone therapy to improve pain and function. An MRI of the brachial plexus was performed in March 2014 and showed no pathology. A progress note on 4/28/14 indicated greater tenderness on the right than the left shoulder as well as supraclavicular edema. A request was made for an MRI/MRA of the upper extremities to determine evidence of compression of the 1st rib and clavicle and any evidence of effacement of the brachial plexus. A progress note on 6/24/14 indicated the claimant had right upper extremity pain, weakness and tingling. The cervical spine was tender to palpate. A request was made for an MRI/MRA of both upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI/MRA right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 211-214.

Decision rationale: According to the ACOEM guidelines, an EMG guided scalene block can determine thoracic outlet compression. An MRI is appropriate in pre-operative evaluations especially for tears. In this case, there was no indication of surgery planning. In addition, the claimant had recently completed an MRI. An additional MRI/MRA is not medically necessary.

MRI/MRA left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-214.

Decision rationale: According to the ACOEM guidelines, an EMG guided scalene block can determine thoracic outlet compression. An MRI is appropriate in pre-operative evaluations especially for tears. In this case, there was no indication of surgery planning. In addition, the claimant had recently completed an MRI. The claimant also had greater symptoms on the right vs. left side. An additional MRI/MRA of the left upper extremity is not medically necessary.