

Case Number:	CM14-0024100		
Date Assigned:	06/11/2014	Date of Injury:	11/10/2007
Decision Date:	07/29/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/25/2014

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 Orthopedic Surgery, and is licensed to practice in California and Utah. 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 55-year-old female who reported an injury on 11/10/2007. The mechanism of injury was not specifically stated. The current diagnoses include status post left arthroscopic shoulder decompression in 2011, status post right arthroscopic rotator cuff repair in 2012, right thoracic outlet syndrome, and status post C4-5 ACDF. The injured worker was evaluated on 01/10/2014 with complaints of persistent right-sided brachial plexus pain. The physical examination revealed severe tenderness over the ERB point, post costoclavicular abduction tests, positive right Roos tests, and residual restriction in the right shoulder range of motion. The treatment recommendations at that time included discontinuation of the narcotic medication, continuation of a home exercise and stretching program, and decompression of the brachial plexus. It is also noted that the injured worker underwent electrodiagnostic studies of the bilateral upper extremities on 01/07/2014, which indicated an absent ERBs generator bilaterally which could be related to a medial cord brachial plexopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Thoracic Outlet Syndrome Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-212.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-212.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for injured worker who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear, clinical, and imaging evidence of a lesion. Most patients with acute thoracic outlet compression symptoms will respond to a conservative program of global shoulder strengthening and ergonomic changes. While not supported by high-grade scientific studies, cases with progressive weakness, atrophy, and neurological dysfunction are sometimes considered for surgical decompression. A confirmatory response to electromyography-guided scalene blocks, confirmatory electrophysiological testing and/or magnetic resonance angiography with flow studies is advisable before considering surgery. As per the documentation submitted, the injured worker's physical examination only revealed tenderness to palpation, positive abduction testing, and restricted range of motion. There was no objective evidence of atrophy. There was also no documentation an exhaustion of conservative treatment to include physical therapy. There is no mention of a confirmatory response to an electromyography-guided scalene block. Based on the clinical information received and the above-mentioned guidelines, the request is not medically necessary.

1 Emg (Electromyography) Study Of Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Electrodiagnostic testing for TOS (thoracic outlet syndrome).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. The Official Disability Guidelines state prior to an electrodiagnostic study for thoracic outlet syndrome, there should be evidence of a reduced amplitude of median motor response, reduced amplitude of ulnar sensory response, or needle examination indicating denervation in muscles enervated by the lower trunk of the brachial plexus. As per the documentation submitted, the injured worker underwent electrodiagnostic testing of the bilateral upper extremities on 01/07/2014 and 07/16/2013. There is no documentation of a significant progression of symptoms or physical examination findings that would warrant the need for a repeat study. As such, the request is not medically necessary.

Prilosec 20 Mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. As such, the request is not medically necessary.

Tramadol 150 Mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Tramadol 150 mg since 12/2013. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.

1 Ncv (Nerve Conduction Velocity) Study Of The Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Electrodiagnostic testing for TOS (thoracic outlet syndrome).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. The Official Disability Guidelines state prior to an electrodiagnostic study for thoracic outlet syndrome, there should be evidence of a reduced amplitude of median motor response, reduced amplitude of ulnar sensory response, or needle examination indicating denervation in muscles innervated by the lower trunk of the brachial plexus. As per the documentation submitted, the injured worker underwent electrodiagnostic testing of the bilateral upper extremities on 01/07/2014 and 07/16/2013. The request is not medically necessary.