

<b>Case Number:</b>	CM14-0037103		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Georgia and Texas. 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 50-year-old female who reported a repetitive strain injury on 09/26/2011. The current diagnoses include thoracic outlet syndrome, carpal tunnel syndrome, medial epicondylitis bilaterally, and status post open carpal tunnel release on the left. The injured worker was evaluated on 03/04/2014 with complaints of persistent pain in the bilateral shoulders. Physical examination revealed positive Roos testing, negative Adson testing, tenderness at the medial epicondyle bilaterally, positive Tinel's testing on the left, and a well healed carpal tunnel release incision. Treatment recommendations included a cortisone injection into the left elbow and an MRI of the brachial plexus bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Procedure: MRI of the bilateral brachial plexi:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014 Shoulder Chapter - Magnetic resonance imaging (MRI); Shoulder Chapter, MR Neurography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state primary criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. As per the documentation submitted, the injured worker maintains a diagnosis of thoracic outlet syndrome bilaterally. There is no mention of an attempt at any conservative treatment prior to the request for an MRI. The medical necessity for the requested procedure has not been established. As such, the request is not medically necessary.