

<b>Case Number:</b>	CM14-0041503		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Emergency 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:

Patient with reported date of injury on 12/13/2012. Mechanism of injury was described as R shoulder pain while lifting at work. Patient has a diagnosis of cervical spine discopathy of C3-C7 with R sided radiculopathy, tingling and numbness of R shoulder and arm. R shoulder impingement with possible bursal rotator cuff tear and R sided pectorals tenderness from impingement. Multiple medical records from primary treating physician and consultants reviewed. Last report available until 2/4/14. Pt complains of R shoulder, neck pain and headaches. Pt reports bilateral upper extremity weakness, depression and anxiety. Objective exam reveals neck stiffness with diffuse tenderness of neck right side worst than left side. R shoulder with impaired range of motion (ROM), severe pain to ranging of shoulder and tenderness along collar bone to lateral shoulders. Severe pain to R pectorals muscle. Noted R infraclavicular atrophy. Positive for impingement sign and brachial plexus stretch on R side. R shoulder strength was diffusely decreased at 4/5. R arm was also positive for R radial nerve compression test, Tinel and median nerve compression test. Noted tenderness with compression to sub-pectoralis space. Only nerve conduction studies were done on 1/9/14 since pt refused EMG. Incomplete test reveals no signs of carpal tunnel syndrome or ulnar neuropathy. Unable to diagnose radiculopathy since pt refused EMG. MRI of R shoulder (no study date was provided) reveals degenerative changes at AC joint and glenohumeral joint, mild-mod bicipital tendinitis otherwise normal. MRI of Cervical spine (no date provided) shows C3-4 2mm retrolisthesis, C4-5 and C5-6 severe foraminal narrowing and 2mm posterior osteophyte complexes, C6-7 with 2mm disc bulge with moderate R and severe L foraminal narrowing, C7-T1 and mild foraminal narrowing. No medication list was provided. There is no medications listed anywhere on provided records. Urine drug screen showed oxycodone positive. Utilization review is for ultrasound of brachial

plexus pectoralis minor region with doppler flow studies. Pain specialist is concerned about potential thoracic outlet syndrome. Prior UR on 2/27/14 recommended non-certification.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Ultrasound Of The Brachial Plexus Pectoralis Minor Region With Doppler Flow Studies: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER (ACUTE AND CHRONIC), ARTERIAL ULTRASOUND TOS TESTING.

**Decision rationale:** MTUS Chronic pain guidelines do not have any specifics concerning this topic while ACOEM Guidelines only has recommendations concerning testing for Thoracic Outlet Syndrome(TOS) but does not directly mention ultrasound. ACOEM section on TOS recommends MRI and EMG studies. Pt was approved for EMG and NCV testing but refused EMG therefore diagnosis was not able to be made. Official Disability Guide(ODG) specifically does not recommend doppler ultrasound for TOS. There is a high risk of false of positive testing and the testing is not specific enough to recommend. Due to doppler ultrasound being a poor study, the requested ultrasound is not medically necessary.