

Case Number:	CM14-0044941		
Date Assigned:	07/02/2014	Date of Injury:	08/06/2013
Decision Date:	08/01/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/12/2014

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 Orthopedic and Hand Surgery, and is licensed to practice in 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 21-year-old female with a date of injury of 8/6/13. The mechanism of injury was not provided within the clinical notes. The clinical note dated 1/28/14 reported that the injured worker complained of pain of the right shoulder and arm with tingling to her right hand. The physical examination of the injured worker revealed a negative Adson's test bilaterally. Tinel's and Phalen's signs were negative at the carpal and cubital tunnels. The examination revealed that motor and sensory were normal at the ulnar and medial nerve distributions. The injured worker's diagnosis included probably thoracic outlet syndrome. The injured worker's prescribed medication list was not provided within the clinical notes. The injured worker's prior treatments included 4 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Brachial Plexus without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, Chronic Pain Treatment Guidelines Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Abdullah M. Addar and Ahmed A. Al-Sayed, Department of Surgery, College of Medicine, King Saud University, Riyadh, Saudi Arabia.

Decision rationale: The California MTUS/ACOEM guidelines state that physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI]) for neural or other soft tissue. According to the basics of brachial plexus imaging, brachial plexopathy is a type of peripheral neuropathy. Injuries to the brachial plexus can be classified according to their severity, ranging from neuropraxia, the mildest form, to axonotmesis and neurotmesis, the most severe forms. The major factor in realizing the full potential of any imaging method is the knowledge of the requesting physician about the capabilities and limitations of each method. Magnetic resonance imaging (MRI) is the standard imaging modality for evaluating non-traumatic injury to the brachial plexus; however, there are several limitations to its use and, therefore, other modalities should be pursued. MRI has been shown to be less accurate in detecting nerve root avulsions compared to CTM and MRM. False-positive and false-negative results may occur with MRI, especially when a careful selection of patients requiring MRI has not occurred; this highlights the importance of the referring physician being well aware of the indications and limitations of MRI. There is a lack of objective findings or physiological evidence indicating specific nerve compromise per neurological exam to warrant imaging. Given the information provided, there is insufficient evidence to determine appropriateness of MRI of the brachial plexus without contrast. As such, the request is not medically necessary.