

Case Number:	CM14-0188831		
Date Assigned:	11/19/2014	Date of Injury:	11/26/2013
Decision Date:	01/08/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family 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:

This is a 55 year old female patient who sustained a work related injury on 11/28/13. The patient sustained the injury when she was pushing a food cart weighing several hundred pounds. The current diagnosis includes right shoulder pain. Per the doctor's note dated 10/14/14, the patient has complaints of pain in the right arm, right wrist, right hand, and fingers of the right hand with numbness, tingling, and weakness in the right arm and right hand at 7-8/10. The pain was relieved with medication. A physical examination revealed positive Lift-off test, tenderness on palpation, 3-4/5 strength and limited range of motion. Per the PT note dated 10/22/14, patient has complaints of pain in right shoulder and hand at 6/10 with stiffness. A physical examination revealed limited range of motion, inability to flex thumb and finger. The current medication lists include Ibuprofen, Advil, Flexeril, and Norco The patient has had Right shoulder MRI on 02/27/14 that revealed moderate acromioclavioclavicular joint arthrosis, partial tear of infraspinatus tendon and linear full-thickness tear of the supraspinatus tendon; on 08/05/14: Nerve conduction studies revealed right brachial plexopathy involving the lower trunk and medial cords. The patient's surgical history includes on 06/12/14 Right shoulder arthroscopy, SLAP lesion repair, rotator cuff repair and open biceps tenodesis. She has received a pain injection which provided her with mild relief of pain. The patient has received an unspecified number of the PT visits for this injury. She was certified for 8 PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy to the hands/fingers for CRPS, eight sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PhysicalTherapy Page(s): 98.

Decision rationale: The guidelines cited below state, "Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort" Per the PT note dated 10/22/14, patient has complaints of pain in right shoulder and hand at 6/10 with stiffness and physical examination revealed limited range of motion, inability to flex thumb and finger. On 08/05/14, Nerve conduction studies revealed right brachial plexopathy involving the lower trunk and medial cords. The patient's surgical history includes on 06/12/14 Right shoulder arthroscopy, SLAP lesion repair, rotator cuff repair and open biceps tenodesis. Therefore there are objective functional deficits that can be benefited by PT. There is still weakness in the right upper extremity; however the range of motion is improved. So there is some improvement in function but some functional deficits are still present. Brachial plexopathy can cause prolonged weakness of the hands and at times requires extended PT. The Hand therapy to the hands/fingers, eight sessions is deemed medically appropriate and necessary for this patient.

Right brachial plexus MRI: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 177-178, 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 11/18/14), Magnetic Resonance Imaging (MRI), Chapter: Shoulder(updated 10/31/14), Magnetic Resonance Imaging (MRI)

Decision rationale: Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1

month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags."A MRI of the brachial plexus is medically appropriate and necessary to rule out any space occupying lesion in the brachial plexus area that may be causing these symptoms and signs.The request for a Right brachial plexus MRI is deemed medically appropriate and necessary for this patient.