

Case Number:	CM14-0201201		
Date Assigned:	12/11/2014	Date of Injury:	05/27/2014
Decision Date:	01/30/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 31 year old male with an injury date of 05/27/14. Per the 10/13/14 neurological consultation report, the patient presents with right shoulder pain exacerbated by any attempts at abduction with right arm weakness and intermittent paresthesias in the right upper extremity. Right shoulder examination shows complaints of pain with attempts at abduction beyond 20-30 degrees both at 0 and 90 degrees of rotation. There is some minor atrophy of the supraspinatus and infraspinatus, and possibly of the deltoid muscles along with patchy sensory loss in no specific root pattern involving the right upper extremity. 05/24/14 MRI right shoulder presents the following impression: 1. Tendinopathy changes of the supraspinatus and infraspinatus tendon2. Atrophy of the teres minor muscle. Query quadrilateral space syndrome3. Mild to moderate acromioclavicular joint degenerative changes are seen increasing the risk for impingement06/25/14 MRI cervical spine has the following impression:1. Alignment significant for loss of normal cervical lordotic curvature with straightening2. At C4-C5 2-3 mm broad based disc bulge3. At C5-C6 2-3 mm broad based disc bulge4. At C6-C7 1-2 mm bulgeThe patient's diagnoses include: 1. Tendinopathy of the supraspinatus and infraspinatus muscles with impingement syndrome2. Possible cervical radiculopathy3. Rotator cuff syndrome (10/28/14 progress report)Electrodiagnostic studies of 06/19/14 show no findings of entrapment neuropathy on the medial, ulnar and radial nerves or radiculopathy or distal peripheral neuropathy in the upper extremities. The utilization review report dated 11/12/14 denied the request for MRI of the right brachial plexus based on lack of objective evidence of vascular pathology that would require advanced imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right brachial plexus: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: BCBS AIM Specialty Health guidelines found at https://www.bcbsnc.com/assets/providers/public/pdfs/aim_guidelines_april_2013.pdf.

Decision rationale: The patient presents with right shoulder pain, right arm weakness and intermittent paresthesias in the right upper extremity. The current request is for MRI of the right brachial plexus. The 11/12/14 utilization review states the report requesting authorization is dated 11/06/14. This report is not included for review. The RFA is dated 11/06/14. MTUS and ODG are silent on MRI of the brachial plexus. The BCBS AIM Specialty Health guidelines found at https://www.bcbsnc.com/assets/providers/public/pdfs/aim_guidelines_april_2013.pdf indicate that MRI of the brachial plexus is indicated for evaluation of the brachial plexus of evaluation of infectious process, septic, arthritis, myositis, tumor evaluation, significant trauma, fracture evaluation, per or post operatively persistent upper extremity pain that is unresponsive to conservative treatment. EMG proven entrapment neuropathy, brachial plexopathy and brachial plexus mass. The 11/06/14 Request for Authorization states this request is for a diagnosis of Quadrilateral space syndrome. The 10/13/14 report states an MRI of the right brachial plexus is recommended to determine if there is any vascular anomaly or process that could be giving rise to symptoms. This report also states the patient, "...Does appear to exhibit evidence either of a cervical radiculopathy or brachioplexopathy. Possible etiologies would include the abnormality noted on the patient's MRI scan of the neck at the C4-5 level. The possibility of an idiopathic brachial plexitis and/or stretch injury to the plexus cannot be ruled out." It does not appear that the treater had access to the 06/19/14 electrodiagnostic studies as of 10/13/14. In this case, recent MRI studies of the right shoulder and cervical spine have been completed and there is no specific pathology identified to correlate the patient's current symptoms and examination findings. The BCBS AIM guidelines indicated that MRI of the brachial plexus is indicated for persistent upper extremity pain that is unresponsive to conservative treatment and for suspicion of brachial plexopathy. The treating physician has documented significant clinical findings and has requested this specialized testing to rule out brachioplexopathy and brachial plexitis. The current request is medically necessary.