

Case Number:	CM14-0205992		
Date Assigned:	12/18/2014	Date of Injury:	07/15/1998
Decision Date:	02/13/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/09/2014

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 40 year-old female with a 7/15/1998 date of injury. According to the 11/6/14 neurosurgery report, the patient is in for follow-up after undergoing decompression of the right brachial plexus on 9/5/2014. Her diagnoses included right posttraumatic thoracic outlet syndrome; and compression of the right ulnar and median nerves. After the surgery, there was some improvement in strength and the coldness in the hand. Tinels was still positive at the elbow and wrist. Phalens also positive at the wrists. There was still decreased sensation to light touch, pinprick and 2-point discrimination in the right hand, all fingers. The neurosurgeon notes the patient was on Lasix 20mg for swelling in the right hand, but that it only partially relieved this, and he recommended increasing to Lasix 40mg. A prescription for tramadol for pain was provided. The neurosurgeon requested EMG/NCV for the right arm. Also he states the patient had a frozen right shoulder and he provided a cortisone injection to the right shoulder and recommended an MRI. The EMG/NCV, MRI, cortisone injection, tramadol and Lasix were denied by UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG of the right arm: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The request is for NCV/EMG of the right arm. The patient has been injured since 1998, and recently underwent surgery for thoracic outlet syndrome on 9/5/2014. The physician noted decreased sensation in the right hand, and positive Tinels at the right elbow and right wrist, and Phalens at the right wrist. There are clinical findings of peripheral neuropathy documented on exam. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist, and Hand Complaints, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. The patient had thoracic outlet syndrome and signs of ulnar neuropathy at the elbow and median neuropathy at the wrists. The neurosurgeon noted some improvement after the TOS surgery/brachial plexus decompression, and wanted to evaluate the other sites of peripheral entrapment with electrodiagnostic studies. The request appears to be in accordance with the MTUS/ACOEM guidelines. The request for the NCV/EMG of the right arm is medically necessary.

1 MRI with and without contrast of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

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

Decision rationale: The request is for 1 MRI with and without contrast of the right shoulder. The patient has been injured since 1998, and recently underwent surgery for thoracic outlet syndrome on 9/5/2014. On 11/6/14, the neurosurgeon states the patient has a frozen shoulder, but did not provide the ROM or physical examination. On the 11/5/14 PT note, the patient is shown at 0 degrees abduction or flexion. After the injection, the patient was reported to be able to raise the arm to 30 degrees. The neurosurgeon requested an MRI of the right shoulder but the rationale is vague. The physician states the MRI of the right shoulder is requested for reasons that this represents a medical necessity for the care and treatment of this patient MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Shoulder Complaints Ch.9 Special Studies and Diagnostic and Treatment Considerations, pages 207- 209: states: For most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. There were no prior MRI studies provided for review. The only rationale appears to be for loss of shoulder motion following the brachial plexus surgery. The patient is still attending physical therapy, and the physician states that the cortisone injection improved the symptoms. The patient does not appear to meet the MTUS criteria for a shoulder MRI at this time. The request for 1 MRI with and without contrast of the right shoulder is not medically necessary.

1 Depo-medrol and 3cc marcaine 0.5% injection to the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter online, for Steroid injections

Decision rationale: The request is for 1 Depo-medrol and 3cc Marcaine 0.5% injection to the right shoulder. The patient has been injured since 1998, and recently underwent surgery for thoracic outlet syndrome on 9/5/2014. On 11/6/14, the neurosurgeon states the patient has a frozen shoulder, but did not provide the ROM or physical examination. On the 11/5/14 PT note, the patient is shown at 0 degrees abduction or flexion. The PT note is consistent with the ODG definition of frozen shoulder. ACOEM p 204, Chapter 9, shoulder, initial care states: If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy. ODG-TWC guidelines, shoulder chapter online, for Steroid injections/criteria for steroid injections states these are for: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder. The request for the cortisone injection is in accordance with ODG and ACOEM guidelines. The request for 1 Depo-medrol and 3cc Marcaine 0.5% injection to the right shoulder is medically necessary.

Tramadol 50mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The request is for use of Tramadol 50mg #180. The patient has been injured since 1998, and recently underwent surgery for thoracic outlet syndrome on 9/5/2014. The patient was taking Norco for pain control on the 9/11/14 report. According to the records, tramadol 50mg was first prescribed on 11/06/2014, but utilization review denied it based on potential side effects. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The patient has been struggling with chronic pain, not well controlled with Norco and other medications. The physician wanted to try tramadol. MTUS guidelines states this is not a first-line oral analgesic. Records show the patient has tried Norco first. The trial of tramadol appears to be in accordance with MTUS guidelines. The request for Tramadol 50mg #180 is medically necessary.