

Case Number:	CM15-0109666		
Date Assigned:	06/09/2015	Date of Injury:	08/20/2010
Decision Date:	07/09/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

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 47-year-old female who sustained an industrial injury on 08/20/2010. The injured worker was diagnosed with right post-traumatic thoracic outlet syndrome and bilateral plantar fasciitis. The injured worker is status post right tarsal tunnel release (no date documented). Treatment to date includes multiple diagnostic testing, physical therapy, cortisone injections, multiple orthotic devices, acupuncture therapy, topical analgesics and oral medications. According to the treating physician's progress report on April 7, 2015, the injured worker continues to experience pain in the right supraclavicular area radiating into the shoulder blade to the right hand in the ulnar distribution with increased weakness and numbness. The injured worker also reports pain in the same distribution of the left arm from overuse and burning pain in the plantar aspect of both feet. Examination demonstrated motor strength of 3+/5 of the right finger flexors and intrinsic muscles of the right hand; the left side is 4+/5. There was sensory loss to light touch and pinprick in the right hand, particularly in the 4th and 5th fingers bilaterally. Positive Tinel's sign in the region of the right brachial plexus was present. Adson, Roos and brachial plexus stress testing were positive on the right. Elevation of the right arm caused increased weakness and numbness of the right hand. Severe tenderness in the left supraclavicular area was noted which increased tingling in the 4th and 5th fingers on the left side. There was also decreased sensation in the lateral and plantar aspects of the feet. The injured worker ambulates with a slow gait. Current medications are listed as Neurontin, Lidoderm patch and Voltaren Gel. Treatment plan consists of decompression of the right brachial plexus and an orthopedic surgeon consultation regarding plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Decompression of the right brachial plexus: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-2. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Anterior scalene block.

Decision rationale: According to ODG, Shoulder Anterior scalene block, "Recommended as indicated below. If response to exercise is protracted, anterior scalene block has been reported to be efficacious in the relief of acute thoracic outlet symptoms, and as an adjunct to diagnosis." In this case the exam note from 4/7/15 does not demonstrate failure of physical therapy or a failed scalene block to warrant a right brachial plexus surgery. Therefore, the determination is for non-certification.

Orthopedic Surgeon Consultation regarding plantar fasciitis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 362. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 3, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records cited from 4/7/15 does not demonstrate any objective evidence or failure of conservative care to warrant a specialist referral. Therefore, the determination is for non-certification.