

Case Number:	CM15-0133724		
Date Assigned:	07/21/2015	Date of Injury:	07/15/2014
Decision Date:	08/24/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/10/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31-year-old female with an industrial injury dated 07/15/2014. The injury is documented as occurring while working with an autistic client when the client became anxious and yanked hangers from her arm. She experienced pain in the right side of her neck, right shoulder and right forearm. Her diagnoses included brachioplexopathy, right; status post diagnostic arthroscopy, right shoulder with decompression and major depressive disorder. Prior treatment included physical therapy, acupuncture, medications and operative arthroscopy of the right shoulder. She presents on 05/27/2015 in "severe distress." She continued to complain of post-operative right shoulder pain that radiates into her right breast. She stated she had difficulty performing activities of daily living. She rates her symptoms as 4-5/10. Objective findings note surgical incision was healing. Palpation of the anterior aspect of the right shoulder continues to elicit tenderness upon palpation of the entire shoulder. Treatment plan included diagnostic ultrasound of the right brachial plexus, EMG/NCV of upper extremities, physical therapy and psychological consultation. Treatment request is for ultrasound right brachial plexus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound right brachial plexus: Upheld

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 (Acute & Chronic) - Ultrasound, diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) online, Shoulder, Diagnostic Ultrasound and Neck/Upper Back, Diagnostic Ultrasound.

Decision rationale: The patient presents with pain affecting the right shoulder with radiation into the supraclavicular space and right breast. The current request is for Ultrasound right brachial plexus. The treating physician report dated 5/27/15 (121B) states, IW remains very symptomatic. Therefore, this examiner is requesting authorization for diagnostic ultrasound of the right brachial plexus. The MTUS and ACOEM guidelines do not address the current request therefore the ODG guidelines were referenced. The shoulder chapter of the ODG guidelines supports diagnostic ultrasound only for the assessment of rotator cuff tears. The neck chapter of the ODG guidelines does not recommend diagnostic ultrasound. The treating physician report dated 7/1/15 (14B) is requesting an MRI of the cervical spine along with EMG/NCV studies of both upper extremities in order to determine the source of the Radiculopathy in the right upper extremity. In this case, there was no rationale provided by the treating physician as to why a diagnostic ultrasound of the right brachial plexus was necessary prior to the results from the MRI and EMG/NCV studies. Furthermore, the current request is not supported by the ODG guidelines as diagnostic ultrasound is not recommended for the neck, and is only indicated for the shoulders for assessment of rotator cuff tears. The current request is not medical necessary.