

Case Number:	CM15-0144197		
Date Assigned:	08/05/2015	Date of Injury:	04/06/2010
Decision Date:	09/09/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/24/2015

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 57 year old female, who sustained an industrial injury on April 6, 2010. The injured worker was diagnosed as having cervical discopathy with cervogenic headaches and radiculopathy, right shoulder internal derangement, status post subacromial decompression and right brachial plexus injury with chronic regional pain syndrome. Treatment to date has included magnetic resonance imaging (MRI), electromyogram, nerve conduction study, home exercise program (HEP), cervical epidural steroid injection and medication. A progress note dated May 19, 2015 provides the injured worker complains of neck pain and low back pain radiating down right leg. She reports cervical epidural steroid injection in February provided 70% pain relief and she is able to use 30% less medication. An orthopedic authorized medical examination felt there may be compromise of the right brachial plexus. Physical exam notes cervical and lumbar tenderness to palpation, trigger points and decreased range of motion (ROM). The plan includes ultrasound of the right brachial plexus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the 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 Chapter (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Shoulder Chapter, Arterial ultrasound TOS testing.

Decision rationale: The patient presents with severe pain in the right side of the neck and mainly circumscribed in the supraclavicular area that radiates into the right hand that has been associated with profound weakness and numbness in the right hand. The current request is for ultrasound of the right brachial plexus. The treating physician states 6/30/15 (25B) "Based on the progressive neurological deterioration in the strength of the right hand that compromises the patient's ability in performing her activities of daily living and the fact that the patient has been dropping objects whenever using her right hand, I have recommended the patient to have a consultation with [REDACTED] for an ultrasound examination of brachial plexus area bilaterally." The primary treating physician notes on 6/18/15 (33B) the possibility of brachial plexus entrapment causing the sensory loss in the upper extremity being non-dermatomal and more global in nature as well as the significant loss of grip strength. MTUS and ACOEM guidelines are silent with regards to this topic. The ODG states that arterial ultrasound TOS testing is not recommended. In this case, the patient has received a cervical MRI, an EMG and nerve conduction study of the upper extremities. The rationale for the ultrasound of the right brachial plexus as a necessity for treatment or diagnosis of brachial plexus entrapment has not been established and does is not supported by the ODG guidelines. The current request is not medically necessary.