

Case Number:	CM15-0202645		
Date Assigned:	10/19/2015	Date of Injury:	03/16/2009
Decision Date:	12/02/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/14/2015

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: New York, Montana,
 California Certification(s)/Specialty: Neurological
 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:

This is a 46 year old male date of birth 9-9-69 with a date of injury on 3-16-09. A review of the medical records indicates that the injured worker is undergoing treatment for neck, right shoulder, left knee and low back pain. Progress report dated 9-2-15 reports continued complaints of neck pain with right shoulder radiation down his arm all the way to the elbow and slightly below the elbow area. Palpation to the area produces pain. The right upper extremity pain is aggravated by palpation over the brachial plexus on the right side. Physical exam: positive Tinel sign over the brachial plexus on the right side with radiation down his right upper extremity. MRI of cervical spine about a month and a half ago reveals degenerative changes and mild foraminal narrowing findings consistent with clinical presentation related to brachial plexus involvement. Treatments include: medication, physical therapy, hot packs, ultrasound, massage, cortisone injections to right shoulder (no improvement), right shoulder surgery (no improvement). Request for authorization was made for one brachial plexus exploration with neurolysis, one pre op medical clearance, Three day in patient stay and 18 Post op aquatic therapy sessions. Utilization review dated 9-25-15 non-certified the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

One brachial plexus exploration with nuerolysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter- Surgery for thoracic Outlet Syndrome (TOS).

Decision rationale: Justification for a brachial plexus exploration includes findings of a thoracic outlet syndrome. Documentation does not provides this correlation. No numbness in the ulnar distribution is described. The documentation does not provide evidence of a positive scalene block. The requested treatment: One brachial plexus exploration with neurolysis is not medically necessary and appropriate.

One pre op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Three day in patient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

18 Post op aquatic therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.