

Case Number:	CM15-0020289		
Date Assigned:	02/09/2015	Date of Injury:	03/14/2013
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/03/2015

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: Illinois, California, Texas

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 49-year-old female, who sustained an industrial injury on 3/14/13. Injury occurred when an elderly patient grabbed her arm and thumb while falling. Conservative treatment included medication, Flector patches, thumb and wrist braces, extensive physical therapy, work modifications, chiropractic, and corticosteroid injections to the right shoulder and elbow. The 7/7/14 ultrasound evaluation of the bilateral brachial plexus region documented right anterior scalene edema, fibrosis, and thickening, middle and lower nerve trunk enlargement, fibrosis, positive Adson's test, arterial and venous studies. The left brachial plexus region was normal. The 8/12/14 pain management report indicated the patient presented with symptoms of post traumatic right brachial plexopathy/thoracic outlet syndrome. She underwent ultrasound studies that were positive and confirmed the diagnostic suspicion. Physical exam documented right scalene tenderness, positive right brachial plexus Tinel's, and positive right Roos, Adson and costoclavicular abduction test. There was right upper extremity weakness. Electrodiagnostic studies suggested possible chronic right C7/T1 radiculopathy and right carpal tunnel syndrome. Right shoulder MRI was negative. The treatment plan recommended a neurosurgical consult for right scalenectomy. The 11/17/14 cervical spine MRI showed broad based disc herniations at C2/3, C3/4, and C6/7, mild central canal stenosis, mild facet arthropathy, disc bulge at C4/5 and C5/6. The 1/5/15 chiropractic report indicated the injured worker had complaints regarding multiple body parts. She reported pain in the neck, right shoulder, upper back, and right upper extremity. She also reported recent onset left shoulder pain for no known reason. She reported depression secondary to her inability to work, chronic pain, and high blood pressure. Current

medications included Tramadol, Gabapentin, Protonix, and Flector patches. Physical exam documented marked right scalene tenderness, positive Roos test, and positive Tinel's at the right brachial plexus. A neurosurgery report from 11/20/2014 was referenced in decision making and plan of treatment. The neurosurgeon recommended brachial plexus release and neurolysis. On 1/14/2015, Utilization Review non-certified a request for right brachial plexus exploration, pre-operative medical workup, and post-operative aqua therapy (3x6). Non- MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right brachial plexus exploration: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/9654558>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-212.

Decision rationale: The California MTUS guidelines indicate the most patients with acute thoracic outlet compression symptoms will respond to a conservative program of global strengthening (with specific exercises) and ergonomic changes. Cases with progress weakness, atrophy, and neurologic dysfunction are sometimes considered for surgical decompression. A confirmatory response to EMG-guided scalene block, confirmatory electrophysiologic testing and/or MR angiography with flow studies are advisable before considering surgery. Guideline criteria have not been met. The patient presents with positive provocative testing for brachial plexopathy/thoracic outlet syndrome. There is no electrodiagnostic evidence of brachial plexopathy. There was no evidence that a scalene block had been attempted. There is evidence of cervical radiculopathy and carpal tunnel syndrome. In the absence of confirmatory testing of brachial plexopathy, this request is not medically necessary.

Preop medical work up: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Post-op aqua therapy 3 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 24.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.