

Case Number:	CM15-0211360		
Date Assigned:	10/30/2015	Date of Injury:	11/12/2014
Decision Date:	12/11/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/27/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 35 year old male who sustained an industrial injury on 11-12-14. The injured worker reported cervical spine pain with right shoulder radiation. A review of the medical records indicates that the injured worker is undergoing treatments for cervical spine pain and cervical facet joint arthropathy. Medical records dated 8-19-15 indicate pain rated at 4 to 8 out of 10. Provider documentation dated 9-16-15 noted the work status as return to modified work 9-16-15. Treatment has included cervical radiofrequency ablation neurotomy (8-7-15), elbow splint, status post right cubital tunnel release, cervical spine magnetic resonance imaging, electrodiagnostic studies, status post right elbow surgery, radiographic studies, physical therapy, non-steroidal anti-inflammatory drugs, chiropractic treatments, Oxycodone since at least August of 2015, Motrin since at least August of 2015 and Naprosyn since at least August of 2015. Objective findings dated 9-16-15 were notable for "full rom at elbow and still with right side neck spasm and pain." The original utilization review (10-20-15) denied a request for Doppler study of bilateral upper extremity with arteries, with/without Adison's maneuver, MRI (Magnetic Resonance Imaging) of the brachial plexus and MRI (Magnetic Resonance Imaging) of the thoracic outlet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doppler study of bilateral upper extremity with arteries, with/without Adison's maneuver:
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, Arterial US TOS testing, Adison's test.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: overview of thoracic outlet syndrome and Brachial plexus syndromes.

Decision rationale: This injured worker has ongoing complaints of neck, shoulder, scapular area and proximal upper arm symptoms. EMG/NCV showed absent right cutaneous branch of the musculocutaneous nerve sensory study. This finding was said to be possibly due to a technical difficulty or absence of that sensory nerve suggesting thoracic outlet syndrome or brachial plexopathy on the right side. However, his neck MRI was normal and his Adson's maneuver did not produce a definite decreased pulse on the right though he had symptoms of decreased sensation and tingling. Thoracic outlet syndrome is a group of signs and symptoms arising from compression of the upper extremity neurovascular bundle by various structures in the area just above the first rib and behind the clavicle, within the thoracic outlet. Each type of thoracic outlet syndrome can usually be distinguished by the history, physical exam, neurophysiological tests and radiologic studies. This patient does not have clear symptoms or physical exam evidence of neurogenic, arterial or venous thoracic outlet syndrome to justify additional imaging studies. The medical necessity of Doppler study of bilateral upper extremity with arteries, with/without Adison's maneuver has not been established, therefore is not medically necessary.

MRI (Magnetic Resonance Imaging) of the 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 MR Neurography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: overview of thoracic outlet syndrome and Brachial plexus syndromes.

Decision rationale: This injured worker has ongoing complaints of neck, shoulder, scapular area and proximal upper arm symptoms. EMG/NCV showed absent right cutaneous branch of the musculocutaneous nerve sensory study. This finding was said to be possibly due to a technical difficulty or absence of that sensory nerve suggesting thoracic outlet syndrome or brachial plexopathy on the right side. However, his neck MRI was normal and his Adson's maneuver did not produce a definite decreased pulse on the right though he had symptoms of decreased sensation and tingling. Thoracic outlet syndrome is a group of signs and symptoms arising from compression of the upper extremity neurovascular bundle by various structures in the area just above the first rib and behind the clavicle, within the thoracic outlet.

Each type of thoracic outlet syndrome can usually be distinguished by the history, physical exam, neurophysiological tests and radiologic studies. This patient does not have clear symptoms or physical exam evidence of neurogenic, arterial or venous thoracic outlet syndrome to justify additional imaging studies. The medical necessity of MRI (Magnetic Resonance Imaging) of the brachial plexus has not been established, therefore is not medically necessary.

MRI (Magnetic Resonance Imaging) of the thoracic outlet: 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 MR Neurography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: overview of thoracic outlet syndrome and Brachial plexus syndromes.

Decision rationale: This injured worker has ongoing complaints of neck, shoulder, scapular area and proximal upper arm symptoms. EMG/NCV showed absent right cutaneous branch of the musculocutaneous nerve sensory study. This finding was said to be possibly due to a technical difficulty or absence of that sensory nerve suggesting thoracic outlet syndrome or brachial plexopathy on the right side. However, his neck MRI was normal and his Adson's maneuver did not produce a definite decreased pulse on the right though he had symptoms of decreased sensation and tingling. Thoracic Thoracic outlet syndrome is a group of signs and symptoms arising from compression of the upper extremity neurovascular bundle by various structures in the area just above the first rib and behind the clavicle, within the thoracic outlet. Each type of thoracic outlet syndrome can usually be distinguished by the history, physical exam, neurophysiological tests and radiologic studies. This patient does not have clear symptoms or physical exam evidence of neurogenic, arterial or venous thoracic outlet syndrome to justify additional imaging studies. The medical necessity of MRI (Magnetic Resonance Imaging) of the thoracic outlet has not been established, therefore is not medically necessary.