

<b>Case Number:</b>	CM15-0050221		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	12/30/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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

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 40-year-old male, who sustained an industrial injury on 12/30/08. The injured worker has complaints of left shoulder/upper arm pain with snapping and popping. The documentation noted that he had a previous shoulder injury dislocation times one in 1989. Examination noted that there was guarding of the left upper extremity and there is no movement. The diagnoses have included shoulder sprain/strain; strain, shoulder, acromioclavicular joint and impingement rotator cuff. Treatment to date has included left shoulder surgery with poor outcome; pain management; pain pump implant; physical therapy in the past with no relief and medications. The requested treatment is for consultation with an brachial plexus surgeon (brachial plexus).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with an brachial plexus surgeon (brachial plexus):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** This patient has a date of injury of 12/30/08 and presents with pain and tenderness in the plexus, both supraclavicular and infraclavicularly. The current request is for CONSULTATION WITH AN BRACHIAL PLEXUS SURGEON, BRACHIAL PLEXUS. The American College of Occupational and Environmental Medicine, ACOEM, second edition 2004 chapter 7, page 127 states that "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or the examinees fitness for return to work." The treating physician states that the patient's "biggest issue is his plexus." He recommends an evaluation with [REDACTED] who is a "preeminent brachial plexus expert." The physician noted that the morphine pump is "masking" his symptoms and something needs to be done. In this case, this patient presents with continued pain and the treating physician has expressed concerns and requests the opinion of a specialist. A referral to a specialist for further evaluation is in accordance with ACOEM. This request IS medically necessary.