

Case Number:	CM15-0086538		
Date Assigned:	05/08/2015	Date of Injury:	05/22/2014
Decision Date:	06/22/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 33 year old female who sustained an industrial injury on 5/22/14. The injured worker was diagnosed as having cervicobrachial syndrome, shoulder/arm sprain/strain, myofascial pain and chronic pain syndrome. Currently, the injured worker was with complaints of bilateral shoulder pain. A 4/9/15 progress note indicated on physical exam tenderness of the cervical paraspinals, trapezius, trigger points in the superior trapezius. There was positive hyperabduction with numbness in the hands, especially the little finger. There was decreased 4, 5 finger sensation. Previous treatments included oral pain medication, cognitive behavioral therapy, transcutaneous electrical nerve stimulation unit, Theracane, ergonomic evaluation, occupational therapy and physical therapy. Previous diagnostic studies included Electromyography. The injured workers pain level was noted as 3/10 with the use of oral pain medication. The plan of care was for a magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left brachial plexus: 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/11218035>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder -Elevated arm stress test (EAST).

Decision rationale: MRI of left brachial plexus is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that thoracic outlet syndrome (TOS) has signs and symptoms of scalene tenderness, positive Tinel's sign over the brachial plexus, and positive maneuvers that provoke neurovascular signs and symptoms. Tests for TOS are of questionable value. Once all other diagnoses have been ruled out and TOS is suspected, referral to a specialist is recommended if invasive treatment is entertained as an option. The ODG states that the Adson's test (AT), costoclavicular maneuver (CCM), elevated arm stress test (EAST), and supraclavicular pressure (SCP) were compared. In a study of thoracic outlet syndrome shoulder maneuvers in healthy subjects, the outcomes of pulse alteration or paresthesias were unreliable in general. However, TOS shoulder maneuvers have reasonably low false-positive rates when a positive outcome is defined as pain after AT, CCM, or SCP; discontinuation of the EAST secondary to pain; pain in the same arm with > or =2 maneuvers; or any symptom in the same arm with > or =3 maneuvers. The documentation does not reveal convincing evidence of thoracic outlet syndrome. The documentation does not reveal the objective results of prior electrodiagnostic testing which may reveal neurogenic thoracic outlet syndrome or other conditions that may cause numbness/tingling in digits 4, 5 such as ulnar neuropathy at the elbow/wrist or a C8/T1 radiculopathy. The request for an MRI of the left brachial plexus is not medically necessary.

MRI of right brachial plexus: 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/11218035>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder -Elevated arm stress test (EAST).

Decision rationale: MRI of left brachial plexus is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that thoracic outlet syndrome (TOS) has signs and symptoms of scalene tenderness, positive Tinel's sign over the brachial plexus, and positive maneuvers that provoke neurovascular signs and symptoms. Tests for TOS are of questionable value. Once all other diagnoses have been ruled out and TOS is suspected, referral to a specialist is recommended if invasive treatment is entertained as an option. The ODG states that the Adson's test (AT), costoclavicular maneuver (CCM), elevated arm stress test (EAST), and supraclavicular pressure (SCP) were compared. In a study of thoracic outlet syndrome shoulder maneuvers in healthy subjects, the outcomes of pulse alteration or paresthesias were unreliable in

general. However, TOS shoulder maneuvers have reasonably low false-positive rates when a positive outcome is defined as pain after AT, CCM, or SCP; discontinuation of the EAST secondary to pain; pain in the same arm with $>$ or $=2$ maneuvers; or any symptom in the same arm with $>$ or $=3$ maneuvers. The documentation does not reveal convincing evidence of thoracic outlet syndrome. The documentation does not reveal the objective results of prior electrodiagnostic testing which may reveal neurogenic thoracic outlet syndrome or other conditions that may cause numbness/tingling in digits 4, 5 such as ulnar neuropathy at the elbow/wrist or a C8/T1 radiculopathy. The request for an MRI of the right brachial plexus is not medically necessary.