

Case Number:	CM14-0215292		
Date Assigned:	01/02/2015	Date of Injury:	02/20/2014
Decision Date:	02/25/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 worker sustained a neck injury on 2/20/2014. She experiences bilateral hand numbness and tingling, neck, and low back pain. Imaging studies 4/4/2014 showed lumbar lateral listhesis L4-5 and foraminal narrowing C5-6 and C6-7. Physical exam reveals hypoesthesia in a glove distribution over the fingers and wrists bilaterally and hypoesthesia in a stocking distribution over the feet and ankles bilaterally. Muscle strength of the major muscle groups in both upper extremities is 5/5 with no atrophy. Reflexes are generally hyporeflexic. Diagnoses include brachial plexus lesion, thoracic outlet syndrome, neuralgia, neuritis and radiculitis, hypothyroidism, degenerative cervical intervertebral disc, degenerative lumbosacral intervertebral disc. EMG/NCV of bilateral upper extremities and an US of bilateral plexus has been requested. The neurology consultation note of states "There is some indication that she has brachial plexus involvement as well due to changes in temperature on certain postures, and the physical findings above. The most parsimonious way to figure out peripheral nerve vs. cervical radiculopathy vs. brachial plexus involvement at this point would be an EMG/NCs of the bilateral upper extremities."

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic ultrasound of the cervical spine and left shoulder: 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 Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Neck, Shoulder

Decision rationale: Diagnostic US is not recommended for the neck. Diagnostic US is recommended in the shoulder for rotator cuff injuries but not for neurologic injuries. Ultrasound TOS testing is not recommended according to the ODG which states: "Not recommended. Clinical tests for vascular thoracic outlet syndrome (vTOS) generally incorporate shoulder horizontal flexion/extension (HF/HE), abduction (ABD) and external rotation (ER). The effect of these clinical tests on blood flow characteristics and the most effective arm positions for detecting arterial compromise are, however, unknown. Arterial evaluation using Doppler ultrasound has been suggested. The heterogenous response of asymptomatic individuals with no past history of TOS symptoms raises uncertainty of the validity of positive test responses from extreme arm positions. Clinical decisions based on false positive outcomes have serious implications for mistreatment such as inappropriate surgical intervention; therefore it is imperative that clinical decision is not based on these test outcomes alone." Furthermore, in this particular case, the diagnosis of thoracic outlet syndrome has not yet been established by electrodiagnostic studies. Therefore, Diagnostic ultrasound of the cervical spine and left shoulder is not medically necessary.