

Case Number:	CM14-0215342		
Date Assigned:	01/02/2015	Date of Injury:	11/26/2013
Decision Date:	03/04/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of November 26, 2013. In a Utilization Review Report dated November 26, 2014, the claims administrator denied cervical MRI imaging, brachial plexus MRI, and physical therapy to the shoulder. The claims administrator stated that the applicant had had 28 sessions of physical therapy to date. The claims administrator referenced a November 14, 2014 progress note in its determination. The claims administrator stated that the applicant was off of work as of that date. The applicant's attorney subsequently appealed. In a progress note dated August 27, 2014, the applicant was placed off of work, on total temporary disability. The attending provider stated that the applicant may have developed a brachial plexopathy following a failed shoulder surgery. Residual stiffness and weakness were noted about the shoulder and hand status post earlier shoulder arthroscopy of June 12, 2014. Limited shoulder range of motion was evident. The applicant exhibited hyposensorium about the right first and second digits. Weakness was noted about the digits. The applicant was given a diagnosis of brachial plexopathy versus complex regional pain syndrome. MRI imaging of the right brachial plexus was endorsed to search for a suspected brachial plexopathy versus complex regional pain syndrome. Neurontin and Norco were endorsed while the applicant was kept off of work, on total temporary disability. On August 18, 2014, the applicant was again placed off of work, on total temporary disability while eight sessions of physical therapy were endorsed. On November 14, 2014, the applicant reported 3-6/10 neck pain radiating to the right upper extremity. The applicant was no longer working and

was receiving both Workers Compensation indemnity benefits and Disability Insurance benefits, it was acknowledged. The applicant had last worked in May 2014, it was further noted. Depressive symptoms had apparently set in. Electrodiagnostic testing of August 2014 had apparently demonstrated a brachial plexopathy, the attending provider contended. MRI imaging of the brachial plexus was sought to definitively establish the diagnosis while Norco, Pamelor, and lidocaine gel were also endorsed. The applicant was kept off of work. Additional physical therapy was sought. The attending provider stated that he was ordering MRI imaging of the cervical spine to rule out a disk herniation. The applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI to rule out disc herniation QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend cervical MRI imaging to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was no mention of the applicant's willingness to consider any kind of surgical intervention based on the outcome of the proposed cervical MRI. Rather, it appeared that the attending provider was ordering the cervical MRI study for academic or evaluation purposes, with no clearly formed intention of acting on the results of the same. As the attending provider himself acknowledged in the November 2014 progress note at issue, the applicant's primary stated diagnosis was brachial plexopathy. The attending provider's documentation and progress note of November 14, 2014 were consistent with a diagnosis of suspected brachial plexopathy versus complex regional pain syndrome (CRPS). It did not appear that the applicant's pain complaints were emanating from the cervical spine, nor was it clearly stated that the applicant would act on the results of the proposed cervical MRI and/or consider any kind of interventional procedure based on the outcome of the same. It is not medically necessary.

Right brachial plexus MRI to evaluate for hematoma or evidence of lower trunk nerve injury QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

Decision rationale: While the MTUS does not specifically address the topic of MRI imaging of the brachial plexus, the MTUS Guideline in ACOEM Chapter 9, page 196 does acknowledge that brachial plexus injuries do represent potentially serious conditions which do warrant further investigation. The Third Edition ACOEM Guidelines Shoulder Chapter explicitly notes that MRI imaging is recommended to diagnose brachial plexopathies. Here, the attending provider suggested that the applicant had issues with a brachial plexopathy, electrodiagnostically confirmed, but is apparently seeking MRI imaging to corroborate the same and/or to determine the applicant suitability for invasive interventions. Therefore, the request is medically necessary.

Physical therapy to the right shoulder QTY: 8.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic, Functional Restoration Approach to Chronic Pain Management section. Pag.

Decision rationale: The applicant has had prior treatment (28 sessions, per the claims administrator), seemingly well in excess of the 24-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for complex regional pain syndrome/reflex sympathetic dystrophy, the diagnosis reportedly present here. The attending provider failed to outline a clear or compelling rationale for further treatment in excess of the MTUS parameters. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines notes that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was/is off of work, on total temporary disability. The applicant's pain complaints are seemingly worsened from visit to visit. The applicant continues to exhibit significant physical impairment about the injured shoulder and arm. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier physical therapy already in excess of the MTUS parameters. Therefore, the request for additional physical therapy was not medically necessary.