

<b>Case Number:</b>	CM15-0010241		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: Arizona, California  
 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:

The injured worker is a 43 year old male, who sustained a work related injury on 6/11/13. The diagnoses have included left shoulder impingement with rotator strain, bicep tendonitis/tear and acromioclavicular joint inflammation. Treatments to date have included MRI cervical spine, previous MRI left shoulder, left shoulder physical therapy and left shoulder ultrasound. The injured worker complains of pain in left upper arm. He complains of numbness and tingling in the bicep tendon area. He has decreased sensation and weakness in left upper arm. A progress note on 11/10/2014 indicated the claimant the claimant had failed conservative treatment for the left shoulder and a prior MRI showed moderate rotator cuff tendonosis and subdeltoid/subacromial bursitis. The physician was obtaining authorization for surgery of the left shoulder. On 1/8/15, Utilization Review non-certified a request for a MRI of left brachial plexus without contrast. The California MTUS, ACOEM Guidelines, and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the brachial plexus on the left without contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 182, 214.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. As in the above, the claimant had already had the MRI s of both regions without having red flag findings. However, there was a plan for surgery for the brachial plexus. Symptoms of tendonitis and shoulder impingement explain were persistent along with pain and tingling in the bioceps region. The request for an MRI of the brachial plexus is appropriate and medically necessary.