

Case Number:	CM15-0018012		
Date Assigned:	02/05/2015	Date of Injury:	12/10/1997
Decision Date:	03/26/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/30/2015

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, Pain Management

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 62 year old female, who sustained an industrial injury on 12/10/1997. She reports chronic spine and upper extremity complaints. Diagnoses include chronic lumbar pain, lumbar radiculopathy, right elbow epicondylitis, ulnar neuropathy and possible thoracic outlet syndrome on the right side. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 12/18/2014 indicated the injured worker reported right neck pain and weakness and numbness in the right hand. 12/30/14 medical report notes severe pain in the right side of the neck radiating into the right hand associated with weakness and numbness in the right hand. There is lesser weakness and numbness in the left hand. Pain is 8-9/10 and increases with any activity, especially elevation of both arms. On exam, there is 3/5 strength right finger flexors and intrinsic muscles of the hand, left is 4/5, increased sensation to pinprick in the right fourth and fifth fingers and decreased in the same fingers on the left, positive Tinel's in the region of the brachial plexus bilaterally, more severe on the right, Adson and Roos positive bilaterally, positive Tinel's at the elbows bilaterally. The provider noted that the patient has a consultation with a thoracic outlet syndrome specialist and recommended an ultrasound of the brachial plexus with a diagnostic injection in the scalenus muscle. On 1/12/2015, Utilization Review non-certified the request for brachial plexus ultrasound and injection in the scalenus muscle, citing non-MTUS/ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ultrasound of the Branchial Plexus: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Surgery for Thoracic Outlet Syndrome (TOS), Elevated arm stress test (EAST), Adson's test (AT)

Decision rationale: Regarding the request for ultrasound, it appears that the purpose of the ultrasound is to assist in the performance of the diagnostic injection to the scalenus muscle. As the injection is not medically appropriate, the ultrasound is also not medically necessary.

1 Injection in the Scalenus Muscle: 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 (acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Surgery for Thoracic Outlet Syndrome (TOS), Elevated arm stress test (EAST), Adson's test (AT)

Decision rationale: Regarding the request for injection in the scalenus muscle, CA MTUS does not address thoracic outlet syndrome. ODG does not support the use of diagnostic injections for thoracic outlet syndrome. Rather, they support the use of electrodiagnostic testing and/or arteriogram/venogram depending on the type of TOS suspected. Furthermore, they recommend against the use of Adson's and EAST (aka Roos) testing for TOS given a lack of specificity. Within the documentation available for review, the provider noted positive Adson's and Roos tests. He noted a pending consultation with a thoracic outlet syndrome specialist and recommended ultrasound with a diagnostic injection of the scalenus muscle. Given that ODG does not recommend the use of the clinical testing upon which the diagnosis was made or the use of diagnostic injection rather than electrodiagnostic and/or arteriogram/venogram, as well as the fact that there is apparently a pending consultation with a thoracic outlet syndrome specialist, there is no clear indication for the use of a diagnostic injection. In light of the above issues, the currently requested injection in the scalenus muscle is not medically necessary.