

<b>Case Number:</b>	CM15-0163686		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	11/23/2007
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Orthopedic Surgery

### 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 38 year old female, who sustained an industrial injury on 11-23-2007. She has reported injury to the head, neck, thoracic outlet, shoulder, and lumbar spine. The diagnoses have included status post closed head trauma with persistent reports of headache, tinnitus, and vertigo; left thoracic outlet syndrome; status post left scalenectomy in August 2014; left piriformis syndrome; adhesive capsulitis of the left shoulder joint; right post-traumatic thoracic outlet syndrome secondary to overuse; and L4-5 and L5-S1 discopathy. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Tramadol and Ambien. A progress report from the treating physician, dated 05-14-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of severe pain in the right supraclavicular area; the pain radiates into the ulnar distribution in the right hand that has been associated with weakness and numbness sensation of the right hand; the pain and numbness sensation in the right hand increases with elevation of the right arm; and this has been associated with severe muscle spasm of the right trapezius muscle. Objective findings included motor strength of 4+ out of 5 of the left finger flexors and intrinsic muscles of the left hand; the right motor strength is 3+ out of 5; there is 4+ out of 5 strength of the left dorsiflexors, plantar flexors, and hamstring muscles; there is sensory loss to light touch, pinprick, and two-point discrimination in the right fourth and fifth fingers and the left foot; deep tendon reflexes are decreased in the upper extremities; the gait is slow; there is a positive Tinel sign in the region of the right brachial plexus; the Adson and the Roos testing including the brachial plexus stress testing were positive on the right side; elevation of the right arm will cause

increased weakness and numbness sensation with complete obliteration of the right radial pulse; and there is a positive Tinel sign in the right wrist with a positive Phalen test. The treatment plan has included the request for inpatient LOS (length of stay) 1 day for: decompression of right brachial plexus and right median nerve; consult for pre ops to include: EKG (electrocardiogram) 12 leads; consult for pre ops to include: pre op chest x-ray 1 view; and consult for pre ops to include: blood work.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Inpatient LOS 1 day for: decompression right brachial plexus and right median nerve:**

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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Shoulder, Hospital Length of stay.

**Decision rationale:** CA MTUS/ACOEM are silent on the issue of length of stay. According to ODG, Forearm Wrist and Hand and Shoulder guidelines, there is no recommendation for inpatient stay for either carpal tunnel release or brachial plexus release. There is no evidence in the records of 5/14/15 to support inpatient stay. Therefore the request is not medically necessary.

**Consult for pre ops to include: EKG 12 leads:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Consult for pre ops to include: pre op chest x-ray 1 view:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Consult for pre ops to include: blood work:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.