

Case Number:	CM15-0070413		
Date Assigned:	04/20/2015	Date of Injury:	11/23/2007
Decision Date:	05/21/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/14/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 injured worker is a 38 year old female who sustained an industrial injury on November 23, 2007. She has reported pain in the right supraclavicular area that radiated into the right hand and has been diagnosed with right posttraumatic thoracic outlet syndrome secondary to overuse, left piriformis syndrome, and adhesive capsulitis of the left shoulder joint. Treatment has included medications, injection, and physical therapy. Currently the injured worker complains of severe pain in the right supraclavicular area that radiates in the ulnar distribution into the right hand with weakness and numbness of the right hand. The treatment request included a right anterior scalene injection of the right brachial plexus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Anterior Scalene Injection of Right Brachial Plexus: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder, Anterior scalene block.

Decision rationale: Anterior scalene block has been reported to be efficacious in the relief of acute thoracic outlet symptoms, and as an adjunct to diagnosis. In this case there is suspicion of right thoracic outlet syndrome. Documentation of the neurologic examination in the medical record is insufficient to support the diagnosis of right thoracic outlet syndrome. Anterior scalene block is not medically necessary. The request should not be authorized.