

Case Number:	CM15-0090773		
Date Assigned:	05/15/2015	Date of Injury:	09/01/2012
Decision Date:	06/23/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 62 year old female, who sustained an industrial injury on 9/1/12. She has reported initial complaints of a fall on her back and head taking care of a patient. The diagnoses have included cervical disc disease, right shoulder impingement rule out right brachial plexopathy, right sacroiliitis, and coccydynia. Treatment to date has included medications, diagnostics, 6 sessions of acupuncture, 27 sessions of physical therapy, injections, ganglion block and home exercise program (HEP) with other modalities. Currently, as per the physician progress note dated 4/6/15, the injured worker complains of intractable neck and right upper extremity radiating pain. It is noted that she had a recent cervical Magnetic Resonance Imaging (MRI) that reveals very mild right foraminal narrowing, small left disc protrusion and no cord compression. The orthopedic surgeon did not recommend the injured worker as a cervical spine surgery candidate and recommended further evaluation of her right shoulder discomfort. It is noted by the physician that the Magnetic Resonance Imaging (MRI) of the right shoulder reveals mild impingement, partial intrasubstance tear and the cause of the severe neck, right shoulder and upper extremity pain is not well explained. The physical exam reveals that she is in moderate discomfort. She has marked restriction in the cervical spine range of motion, right cervical spine tenderness that extends to the right scalene muscle. The right shoulder remains tender with impingement and marked restriction in the range of motion. It is noted on exam that she has right supraclavicular swelling, tenderness, and right brachial plexus tinel. She has positive right Roos, Adson and costoclavicular abduction test on the right. She has diffuse right upper extremity weakness. The previous therapy sessions were not noted in the records and the

current medications are not documented. The physician noted that in light of the mechanism of injury with the fall and physical exam findings, not otherwise well explained by shoulder and cervical pathology with findings of brachial plexopathy, a screening Doppler ultrasound of the brachial plexus at rest and with abduction and external rotation is requested for diagnostic purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Screening doppler ultrasound of the brachial plexus: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder chapter National Institutes of Health.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-219. Decision based on Non-MTUS Citation Bromberg MB, et al. Brachial plexus syndromes. Topic 5266, version 22.0. UpToDate, accessed 06/18/2015. Doppler ultrasound exam of an arm or leg. MedLine Plus, US National Library of Medicine. <http://www.nlm.nih.gov/medlineplus/ency/article/003775.htm>. Accessed 06/18/2015.

Decision rationale: Brachial plexopathy involves specific nerves in the neck, arm, and upper chest not working properly. The MTUS Guidelines discuss this condition briefly with limited recommendations for workup and treatment. A thorough history; detailed physical examination; studies, such as electrodiagnostic tests; and imaging, such as CT and MRI, are used to decide if someone has this condition. An ultrasound doppler is used on a limb to look at the blood flow in the large blood vessels within the arm or leg. The submitted and reviewed documentation indicated the worker was experiencing neck pain that went into the right arm. Recorded MRI summaries of the shoulder and of the neck and upper back regions did not explain the worker's symptoms. There was no discussion suggesting a problem with the worker's blood vessels or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a screening doppler ultrasound of the brachial plexus is not medically necessary.