

Case Number:	CM13-0030243		
Date Assigned:	11/27/2013	Date of Injury:	01/23/2010
Decision Date:	08/06/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/30/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 28-year-old female who injured her neck and upper extremity on 1/23/10 when she slipped and fell at work. The claimant's current diagnosis is thoracic outlet syndrome. The 8/19/13 progress report notes continued complaints of pain in the upper extremity with weakness, paresthesias, numbness, and tingling. The report of an MRI of the cervical spine identified a bilateral C7 cervical rib. There is no documentation of conservative care in any of the records provided for review. Examination was documented on the report to show palpable fullness in the supraclavicular region, a positive Adson's Test, positive straight arm raise testing, and a positive military ease maneuver. Based on the claimant's clinical presentation, a rib resection was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL CERVICAL RIB RESECTION: 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 Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure, Surgery for Thoracic Outlet Syndrome (TOS).

Decision rationale: The California MTUS and ACOEM Guidelines do not address this topic. Based on the Official Disability Guidelines, surgery for thoracic outlet syndrome is only recommended with progressive symptoms and failed conservative care. While the records in this case indicate that the claimant has an examination consistent with thoracic outlet syndrome, there is no documentation conservative care offered to the claimant. According to ODG Guidelines, the long-term outcomes after Thoracic Outlet Syndrome surgery are worse than outcomes with medical management of Thoracic Outlet Syndrome. Therefore, every effort should be made to exhaust conservative treatment prior to surgical intervention for Thoracic Outlet Syndrome. The request in this case would not be medically necessary.