

Case Number:	CM13-0051881		
Date Assigned:	06/09/2014	Date of Injury:	04/24/2012
Decision Date:	07/23/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/14/2013

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 General 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 39 year old female has now been diagnosed with a right thoracic outlet syndrome. Her date of injury was 2/24/12. A right carpal tunnel release had been done 4/2012. Physical therapy x 46 for a thoracic outlet syndrome has been done without significant benefit and a right 1st rib resection is now being requested. The patient is complaining of right arm pain. The basis of the carpal tunnel release was right hand pain with numbness and tingling in the right thumb and finger with right thumb weakness. A reduction mammoplasty is also being recommended with that procedure to precede the rib resection. Hand written medical records been provided to this reviewer. These are for the greatest part illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT RIB 1ST RESECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Shoulder Surgery for Thoracic Outlet Syndrome (TOS).

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

Decision rationale: The request for 1st right rib resection was denied based upon the fact that for a diagnosis of neurogenic thoracic outlet syndrome, ulnar nerve compression must be demonstrated both clinically and confirmed with electrodiagnostic studies showing ulnar nerve compression at the thoracic outlet. The patient has also been diagnosed with a lateral epicondylitis. Ulnar nerve involvement may well be suggested in the illegible handwritten documents. However, there is not confirmation of same in an electrodiagnostic study report. It appears that electrodiagnostic studies have not been done. Therefore, the request for a 1st rib resection for neurogenic thoracic outlet syndrome is not medically necessary.