

Case Number:	CM13-0055911		
Date Assigned:	12/30/2013	Date of Injury:	08/09/2002
Decision Date:	03/18/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

According to the records made available for review, this is a 72-year-old female with an 8/9/02 date of injury. At the time of request for authorization for right supraclavicular scalenectomy, venogram with percutaneous transluminal angioplasty, preop studies including history and physical, lab work, EKG and chest x-ray, an assistant surgeon, and anesthesia, there is documentation of subjective (pain, numbness, and tingling in her right head, neck, shoulder, arm, hand, and fingers, color change and coldness in her right head, neck, shoulder, hand, and fingers, experiences dizzy spells when turning her neck to the right, and has headaches on the right side, at the front, back, and side of her head) and objective (positive EAST test, tenderness at Erb's point on the right side, and dilated neck veins bilaterally with arms elevated) findings, current diagnoses (thoracic outlet syndrome and vertebrobasilar insufficiency), and treatment to date (activity modification, physical therapy, acupuncture, massage, and medications). 10/23/13 medical report indicates a plan with a recommendation for a right supraclavicular scalenectomy followed by a venogram with possible percutaneous transluminal angioplasty of the head, neck, and arm vessels to assess the site and severity of her neurovascular compression to rule out aneurysm. 1/24/13 electrodiagnostic report revealed normal findings. There is no documentation of objective findings (progressive weakness, atrophy, and neurologic dysfunction) and confirmatory electrophysiologic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

right supraclavicular scalenectomy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Surgery for Thoracic Outlet Syndrome

Decision rationale: MTUS reference to ACOEM identifies documentation of objective findings (progressive weakness, atrophy, and neurologic dysfunction) and a confirmatory response to electromyography (EMG)-guided scalene block, confirmatory electrophysiologic testing and/or magnetic resonance angiography with flow studies as criteria necessary to support the medical necessity of surgery for thoracic outlet syndrome. ODG identifies documentation of conservative care (physical therapy leading to home exercise for a minimum of 3 months), subjective findings (pain, numbness or paresthesias in the ulnar nerve distribution), and electrodiagnostic abnormalities (reduced amplitude median motor response, reduced amplitude ulnar sensory response, and denervation in muscles innervated by lower trunk of the brachial plexus) as additional criteria to support the medical necessity of surgery for thoracic outlet syndrome. Within the medical information available for review, there is documentation of diagnoses of thoracic outlet syndrome and vertebrobasilar insufficiency. In addition, there is documentation of subjective findings (pain, numbness and paresthesias in the ulnar nerve distribution) and conservative care (physical therapy leading to home exercise for a minimum of 3 months). However, there is no documentation of objective findings (progressive weakness, atrophy, and neurologic dysfunction). In addition, given documentation of normal electrodiagnostic findings, there is no documentation of confirmatory electrophysiologic testing. Therefore, based on guidelines and a review of the evidence, the request for right supraclavicular scalenectomy is not medically necessary.

venogram with percutaneous transluminal angioplasty: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
MedicalEvidence:<http://www.sciencedirect.com/science/article/pii/S074152140902518X>

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for venogram with percutaneous transluminal angioplasty is not medically necessary.

Preop studies including history and physical, lab work, EKG and chest x-ray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Preoperative lab testing

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for preop studies including history and physical, lab work, EKG and chest x-ray is not medically necessary.

an assistant surgeon: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 211-212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Surgery for Thoracic Outlet Syndrome

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for an assistant surgeon is not medically necessary.

anesthesia: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 211-212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Surgery for Thoracic Outlet Syndrome

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for anesthesia is not medically necessary.