

Case Number:	CM13-0060466		
Date Assigned:	05/07/2014	Date of Injury:	05/29/2013
Decision Date:	07/24/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/03/2013

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, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 53-year-old female with date of illness noted as October 2009, when she presented with bilateral hands/feet with vaso-spastic symptoms, later diagnosed with Raynaud's syndrome. Progress report from 7/31/2013 demonstrates physical examination showing cyanosis and tingling of right-hand with abduction maneuver only, and transient vascular deficit, with positive Tinels sign on the right. During that visit it was documented that patient had had normal electromyography; nerve conduction studies within normal limits, along with neurovascular studies which were also within normal limits. Treatment to date has consisted of conservative medical treatments including treatment with the narcotic analgesics as well as NSAIDs. The treating provider has requested inpatient right rib resection due to thoracic outlet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT RIGHT RIB RESECTION DUE TO THORACIC OUTLET SYNDROME:
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.

Decision rationale: The prior adverse determination was reviewed stating that there is no evidence of physical exam findings or x-ray results. It is noted that the patient has more diffuse symptoms including bilateral hand and foot vascular changes. She has bilateral vasospastic symptoms since 2009. Electromyographys were negative. Diagnostic studies did not reveal any evidence of positional compression. The doctor has on several occasions described Raynaud's syndrome. In this case, the diagnosis has not clearly been objectively proven. Ankle-brachial index were both within normal. Magnetic resonance angiography of the thoracic aorta with and without contrast shows that the aortic arch shows normal caliber, no evidence of dissection, subclavian artery on the left and axillary artery on the left are widely patent as on the right. There is questionable segmental attenuation of flow in the right axillary artery that could represent significant segmental stenosis however considerable artifact surrounding the area. The recommendations were to clinically correlate with duplex studies. California Medical Treatment Utilization Schedule (MTUS) states that Thoracic Outlet Compression Syndrome Most patients with acute thoracic outlet compression symptoms will respond to a conservative program of global shoulder strengthening (with specific exercises) and ergonomic changes. While not well supported by high-grade scientific studies, cases with progressive weakness, atrophy, and neurologic dysfunction are sometimes considered for surgical decompression. A confirmatory response to electromyography (EMG)-guided scalene block, confirmatory electrophysiologic testing and/or magnetic resonance angiography with flow studies is advisable before considering surgery. In this case, the above criteria are not evident and there has not been any diagnostic scalene block. Medical necessity for the requested item has not been established.