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| Case Number: | CM13-0070169 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 09/05/2006 |
| Decision Date: | 05/27/2014 | UR Denial Date: | 11/27/2013 |
| Priority: | Standard | Application Received: | 12/24/2013 |

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 Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in Georgia and 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:

The injured worker is a 57-year-old female who reported an injury on 09/05/2006 due to a high pressure air injection injury of the left thumb. The injured worker's treatment history included physical therapy, medications, a home exercise program and a left scalene block. The injured worker underwent an ultrasound of the bilateral brachial plexus region on 07/27/2013. It was documented that the injured worker had left-sided anterior scalene musculature fibrosis scar tissue adhesions, left positive Adson's test, left ulnar neuritis and left brachial plexus nerve trunks that were swollen and enlarged. The injured worker was evaluated on 09/06/2013. Physical findings included reduced strength in the major muscle groups in the left arm with pain in abduction past 90 degrees with complaints of warmth, intermittent numbness and heaviness of the left arm. It was documented that the injured worker had a positive response to the scalene block and was able to lift her arm over her head. An MRI was recommended to evaluate for thoracic outlet syndrome of the left brachial plexus. An addendum to this chart note dated Final Determination Letter for IMR Case Number CM13-0070169 3 11/11/2013 documented that a left brachial plexus MRI was performed that was consistent with the diagnosis of thoracic outlet syndrome. A treatment recommendation of a left first rib resection was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) LEFT FIRST RIB RESECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG).

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

Decision rationale: The requested 1 left first rib resection is not medically necessary or appropriate. The Official Disability Guidelines recommend a surgical intervention for thoracic outlet syndrome after a period of physical therapy and home exercises has failed to provide any type of relief for the patient. Subjective findings should include pain, numbness or paresthesias in the ulnar nerve distribution and be supported by an electrodiagnostic abnormality. The clinical documentation submitted for review does indicate that the injured worker has participated in physical therapy and a home exercise program that have failed to provide significant symptom relief. Additionally, there is documentation of subjective complaints, to include pain, numbness and heaviness of the upper extremity. The Official Disability Guidelines also recommend surgical intervention for injured workers who have a confirmatory response to a scalene block. The clinical documentation does indicate that the injured worker had improvements with a previous scalene block, to include the ability to raise her arm over her head. However, the MRI requested to confirm the injured worker's diagnosis of thoracic outlet syndrome was not provided. Therefore, the appropriateness of surgical intervention cannot be determined. As such, the requested resection of the left first rib is not medically necessary or appropriate.