

Case Number:	CM14-0006880		
Date Assigned:	02/05/2014	Date of Injury:	06/06/2005
Decision Date:	08/06/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/15/2014

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 57-year-old female with a 6/6/05 date of injury after falling at work injuring her right arm. She is status post arthroscopic surgery for labral and rotator cuff repairs; however the patient continues to have pain in the right arm and hand. An MRA of the brachial plexus revealed calcification of the scalene area with evidence of nerve and vascular compression bilaterally, but worse on the right. The patient received a scalene block which decreased the pain for 24-48 hours. An EMG in 1999 revealed right carpal tunnel syndrome. Exam finding's reveal 3/5 motor strength of the right finger flexors and intrinsic muscles, 4+/5 strength if the finger extensors and spotty sensation loss. The diagnosis is thoracic outlet syndrome. On 1/8/14 a request was made for a right scalene Botox chemo denervation. Treatment to date includes acupuncture, TENS unit, medications and physical therapy. A UR decision dated 12/23/13 denied the request given the MEG findings revealed median neuropathy and not ulnar neuropathy. In addition there was insufficient documentation of physical therapy directed at the diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

REVISION OF ARM NERVE(S): Upheld

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

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- Thoracic Outlet Syndrome.

Decision rationale: California MTUS does not address this issue. The ODG Indications for Surgery for Thoracic Outlet Syndrome (TOS) include conservative care: physical therapy leading to home exercise for a minimum of 3 months. PLUS Subjective Clinical Findings: In the affected upper extremity, all of the following must be found: (a) Pain, (b) Numbness or paresthesia in the ulnar nerve distribution. PLUS Objective Clinical Findings: In the affected upper extremity, all of the following electrodiagnostic abnormalities must be found: (a) Reduced amplitude median motor response, (b) Reduced amplitude ulnar sensory response, (c) Denervation in muscles innervated by lower trunk of the brachial plexus. In this patient, a scalene block relieved the patient's pain and an MRA revealed evidence of scalene calcification causing nerve and vascular compression of the brachial plexus. However there were no EMG findings of ulnar neuropathy or denervation of the muscles innervated by the lower trunk of the brachial plexus. There is scant physical evidence of numbness in the ulnar distribution, and there was a lack of documentation regarding physical therapy for the patient's thoracic outlet syndrome. In addition, a Botox injection to the scalene was requested on 1/8/14, which would be a conservative measure prior to a scalenectomy. Therefore, the request for an arm nerve revision was not medically necessary.