

Case Number:	CM14-0168158		
Date Assigned:	10/15/2014	Date of Injury:	11/11/2012
Decision Date:	11/25/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/13/2014

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 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 35-year-old female who reported an injury on 11/11/2002, while employed as a fitness trainer, where she did strenuous physical requirements but also included answering phones, repetitive and continuous requirements as a personal trainer began to feel symptoms that included pain to the neck, shoulders, arms and upper back. Prior treatments included a scalene block, 12 sessions of acupuncture, 12 sessions of physical therapy, medication, Botox injections, and postoperative physical therapy. Past surgeries included a right first rib resection dated 04/2009 and a right total anterior scalenectomy dated 02/14/2014. Medications included gabapentin, Wellbutrin, oxycodone, ibuprofen, and Flexeril. The diagnoses included thoracic outlet syndrome, neuropathic pain in the upper extremities, chronic neck and extremity pain, myofascial spasms at the cervical spine with mild stenosis, chronic pain syndrome, anxiety, and depression. The magnetic resonance imaging (MRI) of the cervical spine revealed normal alignment of the cervical spine, with some noted kyphotic deformity with posterior convexity noted at the C3. The objective findings dated 10/01/2014 of the cervical spine revealed continuous pain in the neck, pain that radiated to the bilateral upper extremities, right greater than left, numbness and tingling to the right upper extremity. The injured worker reported her pain of 5/10 using the VAS. Stiffness to the neck. Examination of the bilateral shoulders revealed continuous pain to the right shoulder and intermittent pain to the left shoulder pain that radiated to the bilateral upper extremities with right greater than left, noted for popping, clicking, grinding sensation to the right shoulder, with numbness, tingling to the right upper extremity. The pain is agitated by reaching, moving her back arms and lifting her upper extremities above the shoulder level. The examination of the bilateral arms revealed pain radiating to the hands, with numbness and tingling to the right upper extremity. The examination of the thoracic spine revealed continuous pain to the mid back that was present 100% of the time,

indicating a pain scale of 5/10 using the VAS, increased pain with forward flexion, extension, rotation, lateral bending, as well as bending, lifting and carrying. The cervical spine examination revealed decreased range of motion by 30% with a negative Spurling's test, negative shoulder decompression, negative cervical decompression, negative cervical distraction, and a positive Addison's test on the right. Sensation was decreased on the right C6, C7, and C8 dermatomes. Neurological findings were 5/5 to the upper and lower extremities. Deep tendon reflexes to the upper extremities revealed a 2+. The treatment plan included a: right pectoralis tenotomy and a 1 day: inpatient stay. The request for authorization dated 10/15/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Day Inpatient Stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Right Pectoralis Minor Tenotomy: Upheld

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

Decision rationale: The request for Right Pectoralis Minor Tenotomy is not medically necessary. The Official Disability Guidelines indicate that the criteria are recommended only as indicated below. Over 85% of patients with acute Thoracic Outlet Compression symptoms will respond to a conservative program, including exercise. While not well supported by quality studies, cases with progressive weakness, atrophy, and neurologic dysfunction are sometimes considered for surgical decompression. A confirmatory response to EMG guided scalene block, and/or confirmatory electrophysiologic testing is advisable before consideration for surgery. Vascular thoracic outlet syndrome (TOS), although much less common than neurologic TOS, requires more urgent care. The objective findings in the affected upper extremities, the following diagnostic abnormalities must be found, reduced amplitude medial motor response, reduced amplitude ulnar sensory response, and denervation of the muscle innervated to the lower trunk of the brachial plexus that was not evident in the 10/1/2014 clinician's notes. As such, the request is not medically necessary.

