

<b>Case Number:</b>	CM14-0036596		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/10/2008
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 43 year old male licensed vocational nurse whose date of injury is 04/10/2008 when he tried to keep a client from falling by catching him and injured both shoulders. The injured worker is status post left shoulder arthroscopic subacromial compression done in 07/2011, and right shoulder done in 11/2011. Medications have included Neurontin, Naprosyn, Flexeril, Prilosec and Vicodin. The injured worker was assessed with bilateral thoracic outlet syndrome. Magnetic resonance image dated 04/27/14 reported an essentially unremarkable examination of the neck soft tissues and bilateral brachial plexus; mild cervical degenerative changes, with no spinal canal stenosis or cord effacement; note of postprocedural changes at right shoulder. It was noted that the structures of the brachial plexus at the thoracic outlet are surrounded by normal lipid signal bilaterally. The injured worker was authorized for surgical consultation, and progress report dated 04/28/14 indicates that the injured worker saw [REDACTED] for surgical consult/evaluation. However, [REDACTED] report was not submitted for review. 15547

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thoracic outlet surgery, bilateral:** 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) ODG-

TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines Shoulder (Acute & Chronic) (updated 01/20/14), 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, Surgery for Thoracic Outlet Syndrome (TOS)

**Decision rationale:** Per ODG, 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. Based on the clinical information provided, noting that there is no current electrodiagnostic study, no current physical examination and no documentation of failure of conservative care since shoulder surgery in 2011, the injured worker does not meet criteria for TOS surgery. As such, medical necessity is not established for Thoracic outlet surgery, bilateral.