

<b>Case Number:</b>	CM14-0051194		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/01/2004
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 General 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 50 year old female was injured on 4/1/04. She has been diagnosed with a thoracic outlet syndrome. A left 1st rib resection and scalenectomy was done on 5/17/12. She required a post-op chest tube because of a pleural tear. On 7/25/12, she reported improved symptoms post-op but for continued weakness, numbness and tingling of the head, neck, shoulder, arm, forearm, hand, and fingers. Motor of the hand was within normal limits and there was no evidence of a winged scapula. Since then she has had psychotherapy for anxiety and depression, opioid therapy and repeated beneficial Botox injections to the left greater occipital nerve for headaches. Because of recurrent thoracic outlet syndrome symptoms, a left scalene block was done with CT guidance 12/5/13. On 2/26/14, the patient complained of weakness, pain, and pressure of the left neck, shoulder, upper arm and forearm, hand, and fingers. Erbs was positive. The request was for left-sided adhesiolysis and resection of any remaining scalene muscle tissue. This request was denied for lack of medical necessity as there has not been documentation of failed conservative management and there has not been confirmatory evidence of neurogenic thoracic outlet syndrome with supporting abnormal electrodiagnostic studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left total scalene muscle resection:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), Surgery for Thoracic Outlet Syndrome.

**Decision rationale:** The examination records do not differentiate this thoracic outlet syndrome in terms of arterial, venous, or neurological in origin. Findings appear to be limited to neural compression. Vascular changes are not mentioned either positively or negatively. Vascular changes, however, are not described by the patient. A brachial plexus MRI, or vascular study is not reported. Other than medications, there has not been a trial of conservative management. It appears that the patient did have significant relief from the 2012 thoracic outlet syndrome surgery. The findings on examination are devoid of neurological dysfunction such as atrophy, muscle weakness. The results of the scalene block have not been noted. A copy of an undated electrodiagnostic study was provided in an AME dated 3/20/14 by neurologist [REDACTED]. This was a normal study. Again, this was undated. Based on the medical records provided for review, this request for left total scalene muscle resection is not medically necessary.