MAXIMUS Federal Services

Case Number:	CM14-0099894		
Date Assigned:	07/28/2014	Date of Injury:	06/29/2004
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 and Georgia. 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 55-year-old female who reported injury on 06/29/2004. The diagnosis was brachial plexus lesion. Other treatments included physical therapy. The injured worker underwent surgical interventions for thoracic outlet syndrome. The documentation of 06/02/2014 revealed the injured worker was in the office for complaints of thoracic outlet syndrome. The injured worker complained of pain bilaterally in her head, neck, and shoulders, and numbness bilaterally in her neck, shoulders, and arms, hands, and fingers. The injured worker complained of tingling bilaterally in her head, neck, shoulders, arms, hands, and fingers. There was color change in her right arm and hand. There was coldness bilaterally in her arms, hands, and fingers. The injured worker had headaches and stated the pain was in the right side, left side, and front of her head. The documentation indicated the injured worker had a recent angiogram and venogram and had no relief after percutaneous transluminal angioplasty of the internal jugular and subclavian veins. The documentation indicated the angiogram revealed compression of the neurovascular bundle at the right pectoralis minor tendon base. The venogram showed compression of the right and left internal jugular and subclavian veins at the scalene triangle. The physical examination revealed the AER and EAST tests were positive bilaterally. The Adson's test was positive on the left. There was point tenderness at the right pectoralis minor tendon. The impression and diagnosis included thoracic outlet syndrome, recurrent, worse on the right, probably secondary to pectoralis minor tendon compression and possible scalene triangle compression. The recommendation was a right pectoralis minor tendon release/resection and release of the brachial plexus and subclavian artery and vein at the right pectoralis minor tendon space with a possible scalenectomy if the symptoms persisted. The subsequent documentation of 07/03/2014 revealed, on that date, the injured worker had slight to moderate trapezial, paracervical, and brachial plexus tenderness on the right. The provocative

maneuvers for thoracic outlet syndrome were positive bilaterally. The Tinel's sign was positive at the cubital tunnels bilaterally. The treatment plan included proceeding with a revision right thoracic outlet surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right pectoralis minor tendon release/resection and release of the brachial plexus and subclavian artery andvein at the right pectoralis minor tendon space: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 210-211.

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation may be appropriate when there is a failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus the existence of a surgical lesion, and there should be documentation of clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from the surgical repair. Additionally, they indicate that most patients with acute thoracic outlet compression symptoms will respond to conservative treatment of global shoulder strengthening with specific exercises and ergonomic changes. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. However, there was a lack of documentation of the conservative care that was provided. Additionally, it was indicated the injured worker had undergone an angiogram and venogram which had positive findings. These studies were not provided for review to support the requested intervention. Given the above, the request for right pectoralis minor tendon release/resection and release of the brachial plexus and subclavian artery and vein at the right pectoralis minor tendon space is not medically necessary.