

<b>Case Number:</b>	CM14-0189049		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Surgeon and is licensed to practice in Georgia and South Carolina. 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 49-year-old female who reported an injury on 04/4/2001. The injured worker's diagnosis is listed as thoracic outlet syndrome. The mechanism of injury was listed as a cumulative trauma injury. Diagnostic imaging included an MRI of the cervical spine on 10/03/2014 that documented mild multilevel degenerative changes to the cervical spine with no significant canal or neural foraminal narrowing on any level, with visualization of an old clavicular fracture. The injured worker's surgical history includes a right cubital tunnel release on 06/16/2011. Current medications include losartan, simvastatin, CoQ10, fish oil, flax seed oil, oxycodone, aspirin, Knock-Out melatonin, and Voltaren. Other therapies were noted to include chiropractic therapy, injection therapy, physical therapy, and activity alteration. It was revealed also within the case notes that the injured worker had undergone duplex studies that revealed normal findings. The clinical visit on 10/07/2014 documented that the injured worker was complaining of pain rated 9/10 that was progressively getting worse. During the physical examination, it was noted the injured worker had normal sensation in the left upper extremity with full strength of the shoulder, elbow, and wrist. The physical examination of the right arm documented the exam was significantly limited secondary to pain, but was noted to have at least close to normal strength between 4+/5 and 5/5 in the shoulder, biceps, triceps, and wrist. It was also documented the injured worker had positive provocative symptoms at the carpal tunnel and along the median nerve of the forearm, along with over the radial nerve of the forearm. There were also documented provocative symptoms over the ulnar nerve distribution bilaterally. There was also documented numbness in the hand in regards to the last 3 digits, along with associated pain radiating from the neck and jaw all the way through the arm, triceps, and into the forearm and hand. The rationale for the requested surgical procedure is to decompress the brachial plexus. A Request for Authorization was submitted in the medical records, dated 10/15/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1st rib resection/right scalenectomy:** 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 Chapter Online version: 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 (Acute & Chronic), Surgery for Thoracic Outlet Syndrome (TOS).

**Decision rationale:** The request for 1st rib resection/right scalenectomy is not shown to be medically necessary or supported by the guidelines at this time. The Official Disability Guidelines state that there should be conservative care of at least 3 months that includes physical therapy. There should be subjective clinical findings that for neurogenic thoracic outlet syndrome include pain, numbness or paresthesias in the ulnar nerve distribution. For arterial thoracic outlet syndrome, there should be subjective clinical findings of pain, swelling, or heaviness, decreased temperature or change of color, or paresthesias in the ulnar nerve distribution. For venous vascular thoracic outlet syndrome, there should be subjective clinical findings of pain, swelling, or heaviness, decreased temperature or change in color, or paresthesias in the ulnar nerve distribution. The guidelines also state that there should be objective clinical findings for neurogenic thoracic outlet syndrome that include reduced amplitude median motor responses, reduced amplitude ulnar sensory response, denervation of muscles innervated by lower trunk of brachial plexus. For arterial thoracic outlet syndrome, there should be objective clinical findings of pallor or coldness, or gangrene of the digits in advanced cases, plus imaging for an abnormal arteriogram. For venous thoracic outlet syndrome, the guidelines state there should be at least swelling of the arm, venous engorgement, or cyanosis with abnormal venograms. Within the submitted medical records, the injured worker presented with some of the subjective clinical findings required by the guidelines for the surgical intervention, but there was a lack of documentation of corroborating imaging studies to show either arterial or venous thoracic outlet syndrome surgical intervention being medically necessary. Additionally, there was a lack of documentation of the injured worker having at least 3 months of physical therapy leading up to the surgical intervention. Without further documentation to address the aforementioned deficiencies outlined in the review, the request at this time is not supported by the guidelines. As such, the request is not medically necessary.