

Case Number:	CM14-0215729		
Date Assigned:	01/05/2015	Date of Injury:	08/16/2004
Decision Date:	07/23/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

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 61 year old female, who sustained an industrial injury on 8/16/2004. The current diagnosis is thoracic outlet syndrome. According to the progress report dated 11/4/2014, the injured worker complains of bilateral upper extremity pain, numbness, tingling, color changes, and cold sensation on her head, shoulders, arms, hands, and fingers. The pain is rated 10/10 on a subjective pain scale. Additionally, she reports frequent headaches. The physical examination reveals non-dilated neck veins, positive Adson's and AER test bilaterally, tenderness over the pectoralis minor bilaterally, and positive Erb's point, bilaterally. The current medications are Hydrocodone, Gabapentin, Mirtazapine, Atenolol, Lisinopril, and Medrol pak. Treatment to date has included medication management and angiogram/venogram with no resolution. The plan of care includes right supraclavicular scalenectomy, neurolysis of brachial plexus, and release of subclavian artery/ vein with pre-op studies (H&P and labs).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Supraclavicular Scalenectomy, Neurolysis of Brachial Plexus, release of Subclavian artery/ vein: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Shoulder Section, Criteria for 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 ODG, Shoulder section, Surgery for Thoracic Outlet Syndrome.

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for thoracic outlet syndrome. According to the ODG, Shoulder section, Surgery for Thoracic Outlet Syndrome, indications include failed conservative therapy for 3 months, pain numbness or paresthesia in the ulnar nerve distribution and objective evidence on EMG evidence of thoracic outlet syndrome. Vascular etiologies include pain, swelling and decreased temperature and color with pallor and abnormal arteriogram. In this case there is sufficient evidence from the exam note of 11/4/14 to support surgical decompression of vascular thoracic outlet syndrome. Therefore the request is medically necessary.

Pre-op studies includes H&P, Lab: 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), Treatment Index, 12th Edition (web), 2014 Low Back Section, Pre-operative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, these investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 61 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore the request is not medically necessary.

