

<b>Case Number:</b>	CM15-0002356		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	11/04/2011
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: Minnesota, Florida  
 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 41 year old female, who sustained an industrial injury on 11/4/2011. The diagnoses have included right sided thoracic outlet syndrome with 2 prior surgeries, right sided myofascial syndrome, brachial plexus lesions and neck pain. Treatment to date has included right arm cubital tunnel release in 3/2012 and right anterior first rib removal and scalenotomy, physical therapy, occupational therapy, medications. Currently, the injured worker complains of left arm symptoms that were getting worse, resembling the right side, prior to the surgeries. On 12/9/2014 Utilization Review non-certified a tenotomy of the right pectoralis minor muscle through the right axilla incision and MRI/MRA of the left thoracic outlet, noting the MTUS/ACOEM Chapter 9 regarding Surgical Considerations and Special Studies and Diagnostic and Treatment Considerations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tenotomy of R Pectoralis Minor Muscle through R Axillary Incision:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Shoulder, Topic: Surgery for thoracic outlet syndrome

**Decision rationale:** ODG guidelines state that in some patients nerve compression occurs within the subcoracoid space underlying the pectoralis minor muscle tendon near the shoulder prompting the development of a minimally invasive procedure, pectoralis minor tenotomy consisting of detachment of the pectoralis minor tendon. The study compared pectoralis minor tendon tenotomy with traditional open surgery which combines pectoralis minor tenotomy with supraclavicular decompression. After surgery 82% reported significant and progressive improvement at the 3 month follow-up, including 75% of patients who underwent isolated pectoralis minor tenotomy and 84% who underwent a combined procedure. The injured worker has already undergone rib resection with unacceptable results. The provider has requested the pectoralis minor tenotomy which may be beneficial. She meets the ODG criteria for a venous thoracic outlet syndrome. Physical therapy had been tried in the past with no results. As such, the request for a right pectoralis minor tenotomy is appropriate and medically necessary. The Utilization Review denial was based upon California MTUS criteria which are not specific for thoracic outlet syndrome and apply to shoulder surgery in general. ODG criteria specific to thoracic outlet syndrome are used.

**MRI/MRA of the left thoracic outlet:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Shoulder, Topic: Surgery for thoracic outlet syndrome.

**Decision rationale:** Based upon the documentation submitted, the injured worker does not meet the ODG clinical criteria for an arterial thoracic outlet syndrome of the left upper extremity. As such, the request for MRI/MRA of the left thoracic outlet is not supported and the medical necessity is not established. For neurogenic thoracic outlet syndrome specific electrodiagnostic abnormalities must be found. The documentation does not include electrodiagnostic studies of the left upper extremity.