

Case Number:	CM15-0161709		
Date Assigned:	08/28/2015	Date of Injury:	07/08/2014
Decision Date:	10/15/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	08/18/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 44 year old male, who sustained an industrial injury on 07-08-2014. He has reported injury to the right shoulder. The diagnoses have included right shoulder pain; right shoulder, chest pain secondary to subclavian thrombus; thoracic outlet syndrome; and right upper extremity DVT (deep vein thrombosis). Treatment to date has included medications, diagnostics, ice, and activity modification. Medications have included Norco, Meloxicam, Ibuprofen, Tramadol, Aspirin, Coumadin, and Lovenox. A progress report from the treating physician, dated 05-07-2015, documented an evaluation with the injured worker. The injured worker reported intermittent shoulder pain which is achy in quality in the anterior shoulder; he is still taking a half of Norco, as well as Meloxicam and baby aspirin; he feels that he has some limited range of motion of the shoulder; he would like to have some physical therapy; he borrowed a friend's TENS (transcutaneous electrical nerve stimulation) unit and he found significant benefit with that; he would like to have a trial of TENS unit to use; his pain levels are rated at 6-8 out of 10 in intensity without medication, coming down to a 3-5 out of 10 in intensity with medication; his pain is worse with lifting; the pain is decreased with medication and TENS unit; and he is exercising on a regular basis. Objective findings included tenderness in the musculature of the upper pectoralis on the right; he has fairly full abduction and forward flexion; he has decreased internal rotation of the right shoulder; sensation is intact; strength is -5 out of 5; and the ultrasound venous Doppler, dated 04-21-2015, showed stable residual chronic partially occlusive clot along the proximal to mid right subclavian vein. In another provider's documentation, dated 06-29-2015, it is noted that the injured worker "has thoracic outlet syndrome with venous

compromise and thrombosis of his subclavian vein 07-08-14; he has had ultrasound evaluation confirming thrombosis; repeat ultrasound confirms compression of the vein as it courses over the first rib; and he requires removal of his first rib with a subsequent venogram and potential balloon angioplasty if he continues with swelling of his arm". The treatment plan has included the request for removal of right first rib; inpatient stay x 1 night (possibly 2); and home visits by RN x 3 am visits the day following discharge. The original utilization review, dated 07-13-2015, non-certified a request for removal of right first rib; inpatient stay x 1 night (possibly 2); and home visits by RN x 3 am visits the day following discharge.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of right first rib: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/24709438>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for Thoracic Outlet Syndrome.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this procedure for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), surgery for thoracic outlet syndrome should only be undertaken when conservative measures have failed. Surgery is not a first line therapy for patients with this condition. This patient has not been demonstrated to have any conservative therapy. Failure of alternative anticoagulation therapies has not been documented. Therefore, based on the submitted medical documentation, the request for first rib resection is not-medically necessary.

Inpatient stay x 1 night (possibly 2): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for Thoracic Outlet Syndrome.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. The Occupational Disability Guidelines (ODG) state that conservative therapy is first line therapy in cases of thoracic outlet syndrome. Although this patient has been diagnosed with a chronic DVT, there has not been an authorization for surgery on the first rib. Inpatient stay is not indicated without an intention to perform a surgical procedure. Therefore, based on the submitted medical documentation, the request for inpatient stay x1 night (possibly 2) is not medically necessary.

Home visits by RN x 3 am visits the day following discharge: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Surgery for Thoracic Outlet Syndrome.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. The Occupational Disability Guidelines (ODG) state that conservative therapy is first line therapy in cases of thoracic outlet syndrome. Although this patient has been diagnosed with a chronic DVT, there has not been an authorization for surgery on the first rib. Postop nurse visit are not indicated without an intention to perform a surgical procedure. Therefore, based on the submitted medical documentation, the request for home visits by RN x3 AM visits the day following discharge is not medically necessary.