

Case Number:	CM15-0184967		
Date Assigned:	09/25/2015	Date of Injury:	09/01/2003
Decision Date:	11/03/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/21/2015

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 43 year old female, who sustained an industrial-work injury on 9-1-03. She reported initial complaints of head, neck, and shoulder pain. The injured worker was diagnosed as having thoracic outlet syndrome. Treatment to date has included medication, and surgery (right thoracic outlet surgery in 11-3-08, right pectoralis minor tenotomy on 2-9-15). Currently, the injured worker complains of constant neck pain rated 6-8 out of 10 aggravated by any activity, headaches (holocranial and migraine), and restless legs at night, and insomnia. Per the primary physician's progress report (PR-2) on 8-28-15, exam noted diffuse tenderness about the face, head, and upper extremities, marked ulnar nerve subluxation, positive Phalen's to left, reduced range of motion to cervical spine. Gait is normal, normal motor strength, reflexes, and coordination. The Request for Authorization requested service to include Left Pectoralis Minor Tendon Myotomy. The Utilization Review on 9-4-15 partially modified denied the request for Left Pectoralis Minor Tendon Myotomy, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Shoulder Complaints 2004 and Official Disability Guidelines, Shoulder Chapter, Surgery for Thoracic Outlet Syndrome (TOS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Pectoralis Minor Tendon Myotomy: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Surgery for Thoracic Outlet Syndrome (TOS).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations, Physical Examination. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Surgery for Thoracic Outlet Syndrome.

Decision rationale: According to California MTUS guidelines Chapter 9 page 201 thoracic outlet syndrome has signs and symptoms of scalene tenderness, positive Tinel's sign over the brachial plexus and positive maneuvers that provoke neurovascular signs and symptoms. Tests for thoracic outlet syndrome are of questionable value. Once all other diagnoses have been ruled out and thoracic outlet syndrome is suspected, referral to a specialist is recommended if invasive treatment is entertained as an option. For surgical considerations, there should be clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. According to ODG over 85% of patients with acute thoracic outlet compression syndromes will respond to a conservative program including exercise. The indications for surgery for neurogenic thoracic outlet syndrome include conservative care with 3 months of physical therapy leading to home exercise plus subjective clinical findings including pain, numbness, paresthesia plus objective clinical findings including electrodiagnostic abnormalities with reduced amplitude of median motor response, reduced amplitude of ulnar sensory response, and denervation in muscles innervated by the lower trunk of the brachial plexus. Criteria for vascular thoracic outlet syndrome, arterial include subjective clinical findings of pain, swelling or heaviness, decreased temperature or change in color and paresthesias in the ulnar distribution plus objective clinical findings of pallor or coolness or gangrene of the digits plus imaging clinical findings of abnormal arteriogram. Criteria for vascular thoracic outlet syndrome of venous type include subjective clinical findings of swelling or heaviness, decreased temperature or change in color, paresthesias in the ulnar nerve distribution plus objective clinical findings of swelling and venous engorgement, cyanosis plus imaging clinical findings of abnormal venogram. In this case, a similar surgery on the contralateral side was said to cause worsening of the subjective complaints. A second opinion indicated that no additional surgery be performed. The guideline criteria have not been met and as such the request for pectoralis minor tendon Myotomy is not supported and the medical necessity of the request has not been substantiated.