MAXIMUS Federal Services

Case Number:	CM15-0032527		
Date Assigned:	02/26/2015	Date of Injury:	06/05/2008
Decision Date:	04/10/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/20/2015

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 63 year old female, who sustained an industrial injury on 06/05/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include status post right video-assisted thoracoscopic surgery (VATS) first rib resection on 05/21/2012 for thoracic outlet syndrome and possible development of left thoracic outlet syndrome. Treatment to date has included scalene muscle block and status post right video-assisted thoracoscopic surgery (VATS) first rib resection on 05/21/2012. In a progress note dated 04/11/2014 the treating provider reports complaints of headaches to the left side, constant achy pain to the left shoulder with intermittent stabbing pain that is rated a nine out of ten at night, and associated symptoms of numbness to the second, third, and fourth fingers on the left side. The treating physician requested left first rib resection noting that the injured worker had relief post scalene muscle block, which the treating physician indicated that there would be a significant benefit from thoracic outlet syndrome surgery based on the improvement of symptoms post scalene muscle block. On 01/28/2015 Utilization Review non-certified the requested treatment of left first rib resection-left thoracic outlet surgery, noting the Official Disability Guidelines, Indications for Surgery, 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 First Rib Resection - Left Thoracic Outlet Surgery, QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for thoracic outlet syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Thoracic Outlet Syndrome.

Decision rationale: The ODG criteria for surgery for neurogenic thoracic outlet syndrome include conservative care with physical therapy leading to home exercises for a minimum of 3 months, plus subjective clinical findings in the affected upper extremity of pain, numbness or paresthesia in the ulnar distribution, plus objective clinical findings of electrodiagnostic abnormalities including reduced amplitude median motor response, reduced amplitude ulnar sensory response and denervation in muscles innervated by the lower trunk of the brachial plexus. The utilization review denial of the surgical procedure of first rib resection was based upon absence of documentation of a recent thoracic surgery evaluation. Otherwise, she met the guideline requirements. Since that time, additional documentation has been provided indicating that the patient was seen by Thoracic Surgery on 2/13/2015, and at that time her symptoms in the left upper extremity were similar to what she had in the past in the right upper extremity prior to the first rib resection on the right side. She underwent a scalene nerve block on the left side in early 2014 and was completely pain free for about 2 weeks. She works as a cake decorator but was unable to return to work due to the involvement of the left upper extremity. She was able to carry out household chores by using her right upper extremity but complained of severe pain upon use of the left upper extremity. In light of the excellent functional result after surgery on the right upper extremity and the positive scalene block on the left, with 100% pain relief, a first rib resection is indicated on the left. In light of the above, the guideline requirements have been met and the request for first rib resection on the left side is appropriate and the medical necessity has been substantiated.