

Case Number:	CM15-0043360		
Date Assigned:	03/13/2015	Date of Injury:	05/08/2014
Decision Date:	04/16/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/06/2015

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: Illinois, California, Texas
 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 31-year-old female who sustained an industrial injury on 5/8/14. She developed pain in the right arm at work, followed by swelling and a bluish color. She went to the hospital and was diagnosed with a thrombosed right subclavian vein. She underwent thrombolysis and angioplasty. The 6/9/14 initial treating physician report cited pain all around the right shoulder, increased by lifting. Physical exam documented negative Adson's and modified Adson's test, equal radial pulses, symmetrical vein prominence, and grip strength 18/16/12 right and 30/28/28 left. Roos test produced right upper extremity pain and heaviness with no change in oxygen saturation and an increase in pulse to 120. The diagnosis was pain in upper arm joint and embolism/thrombosis subclavian vein. The treating physician opined that she had subclavian vein stenosis. The treatment plan recommended continued anti-coagulation and surgery for right rib resection or right scalene muscle. The patient was capable of modified work. The progress reports from 7/7/14 through 1/5/15 cited intermittent right upper extremity pain. There was no documentation of atrophy or neurologic dysfunction. There was marked loss of right grip strength documented as of 12/8/14. Conservative treatment was limited to Tylenol and Tylenol with Codeine. The 2/2/15 treating physician report indicated that the injured worker bumped her right shoulder two days ago and it was hurting. Pain was reported every so often if being used or lifting on the shoulder. The right upper extremity was not swollen and the veins were not prominent. Grip strength was 10/8/8 left and 10/2/0 right. Forearm girth was 24 left and 25 right. The diagnosis was right thoracic outlet syndrome with Paget-Schrotter syndrome. The treatment plan recommended urgent surgical decompression of the thoracic outlet. The patient

was capable of modified work. The 2/13/15 utilization review non-certified the request for thoracic outlet decompression surgery as there was an absence of objective findings and documentation of a confirmatory response to EMG-guided scalene block, electrophysiologic testing and/or MR angiography with flow studies, and conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine surgical decompression of the thoracic outlet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-212.

Decision rationale: The California MTUS guidelines indicate the most patients with acute thoracic outlet compression symptoms will respond to a conservative program of global strengthening (with specific exercises) and ergonomic changes. Cases with progressive weakness, atrophy, and neurologic dysfunction are sometimes considered for surgical decompression. A confirmatory response to EMG-guided scalene block, confirmatory electrophysiologic testing and/or MR angiography with flow studies are advisable before considering surgery. Guideline criteria have been met. This patient presents with intermittent right shoulder pain and a diagnosis of Paget Schrotter syndrome. There is no current documentation of exam findings consistent with thoracic outlet syndrome. There is a progressive loss of bilateral grip strength, more pronounced on the right. There is no evidence of an EMG-guided scalene block, confirmatory electrophysiologic testing and/or MR angiography with flow studies. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.