

Case Number:	CM14-0119498		
Date Assigned:	08/06/2014	Date of Injury:	06/29/2004
Decision Date:	09/19/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Plastic and Reconstructive Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55 year old female with a reported date of injury on 6/29/04 who requested right thoracic outlet surgery. She had previously undergone surgery for right upper epicondylitis in 2005 and percutaneous transluminal angioplasty of the jugular and subclavian veins on 10/9/12. With continued symptoms and after undergoing non-operative therapy including physical therapy, massage, chiropractic therapy, she underwent right thoracic outlet surgery 6/17/13. On 6/24/13 the patient is noted to have undergone dilation of the right internal jugular and subclavian veins. On 7/2/13 the patient is noted to have improvement in the thoracic outlet syndrome. Physical therapy request was made as well. The patient is stated to have undergone physical therapy following the 6/17/13 surgery. Documentation from 11/21/13 note the patient's symptoms is improving with therapy. Provocative maneuvers for thoracic outlet syndrome on the right side are equivocal. She is recommended to continue therapy 2 times per week. From 3/25/14 the patient is noted to have increasing right upper extremity symptoms. Documentation from the requesting surgeon on 4/8/14 notes that the patient has pain bilaterally in her head, neck, shoulder, arms, hands and fingers, as well as coldness bilaterally in her head, hand and fingers. Her symptoms had improved following her previous surgical and vascular interventions, but now her symptoms are noted to have recurred. On examination, EAST test is positive bilaterally. There is no tenderness at Erb's point. Tinel's and Phalen's test are normal at the carpal and cubital tunnels. Motor and sensory are normal at the ulnar and median nerve distributions. She has dilated neck veins with the arms elevated, but they are worse on the left side. General and vascular exams are otherwise negative. Venogram was recommended, as well as physical therapy. Venogram and arteriogram were performed on 5/19/14. A 25% stenosis was noted of the left subclavian artery and no stenosis on the right side. Notes from the arteriogram state 'TOS study was negative.' Venogram results noted angioplasty of the bilateral

internal jugular and subclavian veins. Documentation from 6/2/14 notes that the patient has pain bilaterally in her head, neck, and shoulders; numbness bilaterally in her neck, shoulders, arms, hands and fingers; tingling bilaterally in her head, neck, shoulders, arms, hands and fingers; color change in her right arm and hand; and coldness bilaterally in her arms, hands and fingers. She had no relief after percutaneous angioplasty of the internal and jugular veins. The angiogram revealed compression of the neurovascular bundle at the right pectoralis minor tendon space. The venogram showed compression of the right and left internal jugular and subclavian veins at the scalene triangle. On examination, Adson's test is negative on the right but positive on the left. AER and EAST test are positive bilaterally. There is no tenderness at Erb's point. Tinel's and Phalen's test are normal at the carpal and cubital tunnels. Motor and sensory are normal at the ulnar and median nerve distributions. She has no dilated neck veins with her arms elevated. There is point tenderness at the right pectoralis minor tendon. General and vascular exams are otherwise negative. Assessment was that the patient had recurrent thoracic outlet syndrome on the right. Recommendation was made for right pectoralis minor tendon release/resection and release of the brachial plexus and subclavian artery and vein at the right pectoralis minor tendon space. Utilization review dated 6/18/14 did not certify the procedure. Primary treating physician report dated 7/3/14 notes that the patient continues to complain of pain in her shoulders, which radiates into the arms with numbness. Examination notes that there is decreased range of motion of the cervical spine with some pain. There is slight to moderate trapezial, paracervical, and brachial tenderness on the right. Provocative maneuvers for thoracic outlet syndrome are positive bilaterally. The Tinel's sign is positive at the cubital tunnels bilaterally. The elbow flexion tests are negative. The Tinel's sign and Phalen's test are negative at the carpal tunnels. Grip strength is diminished. Assessment is recurrent right thoracic outlet syndrome and recommendation for revision surgery as recommended by the requesting surgeon. She is recommended to continue with NSAIDs. Physical therapy notes are provided from early 2013 for treatment of thoracic outlet syndrome. Utilization review dated 7/24/14 did not certify right thoracic outlet surgery. Reasoning given was that the patient did not satisfy ACOEM Guidelines for thoracic outlet surgery. "The patient did not demonstrate decreased temperature, color, or other objective examination findings of thoracic outlet syndrome. There were only positive thoracic outlet syndrome provocative maneuvers and subjective complaints of radiating pain into the arms.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right thoracic outlet surgery: 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) Indications for surgery- surgery for Thoracic Outlet Syndrome (TOS); Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201, 211 and 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Surgery for Thoracic Outlet Syndrome.

Decision rationale: Based on the medical records provided for review, a clear diagnosis of right thoracic outlet syndrome that would benefit from additional surgical treatment has not been established. The patient had previously been surgically treated for right TOS with recurrence of her symptoms. However, as recommended, all other diagnoses should be ruled out, especially considering this previous treatment and her complex presentation. This has not been well-documented. The patient has neck, head and shoulder pain. She has numbness of the head, neck, shoulders and upper extremities. A thorough investigation for other causes appears indicated. Recent electrodiagnostic studies to help rule out other causes has not been documented. The patient has not been documented to have objective findings of progressive weakness or atrophy. The patient has not been documented to have undergone a scalene block or confirmatory electrophysiologic testing. In summary, the patient does have a complex pattern of pain and numbness that could suggest right Thoracic Outlet Syndrome. However, previous surgical treatment had been unsuccessful and currently there is not sufficient and clear evidence to suggest that repeat surgical intervention is indicated for a neurogenic or vascular Thoracic Outlet Syndrome. The request for Right Thoracic Outlet Surgery is not medically necessary.