

<b>Case Number:</b>	CM14-0121642		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/14/2011
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Orthopedic 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:

This is a 54-year-old male who sustained a vocational injury on 10/14/11 while lifting heavy cans as a garbage collector. The medical records provided for review included the office visit of 6/20/14 documenting diagnoses of severe bilateral thoracic outlet syndrome, chronic neck pain, status post cervical fusion, radicular symptoms in both arms, supraspinatus tendinitis, left carpal tunnel syndrome, left ulnar neuritis, cyst in the left wrist, depression/anxiety, and internal medicine issues. It was also documented that the claimant received a therapeutic vest, but it was not helpful. Subjective complaints were noted in the left hand and arm as well as the right hand and arm with sensation radiating down the fourth digits of both hands and numbness of all fingers and swelling of the hands and shoulder pain. Physical examination revealed significant dysfunction with the use of either arm, a positive Adson's Test bilaterally, dysfunctional movement to the shoulders, diffuse soft tissue tenderness, a positive Tinel's Sign at the left cubital tunnel where there was significant withdrawal response and pain behavior. A previous Utilization Review determination documented that the claimant appeared to be a reasonable candidate for thoracic outlet syndrome but noted that there were no diagnostic studies available for review. A Utilization Review appeal letter dated 7/31/14 confirmed that MRI/MRA findings in a 6/25/14 office note indicated that the right and left costoclavicular interval space between the clavicle and underlying first rib were narrowed and that both axillary arteries were narrowed by compression between the two bones. In addition, it was also noted that there was mild hypertrophy of the right anterior scalene muscle, the costoclavicular interval was moderately narrowed, and the left costoclavicular interval was moderately to markedly narrowed. On hyper abduction, there was moderate to marked right and marked left intrinsic compression of the axillary arteries and their respective costoclavicular intervals. The records documented that the claimant has attempted, failed, and exhausted conservative treatment to include medications,

home exercise program, therapeutic facet block, and physical therapy. This request is for right first rib resection and scalenotomy or right anterior and middle scalene muscle surgery.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right first rib resection and scalenotomy or right anterior & middle scalene muscles:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder Chapter-Surgery for Thoracic Outlet Syndrome

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter: Surgery for Thoracic Outlet Syndrome (TOS)

**Decision rationale:** The California ACOEM Guidelines and supported by the Official Disability Guidelines support the request for right first rib resection and scalenectomy or right anterior middle scalene muscles. The ACOEM Guidelines recommend that prior to considering surgery, there should be clear clinical and imaging evidence of lesions that have been shown to benefit in both the short and long term with surgical repair. There should also be documentation of failure to increase range of motion and strength of the musculature around the pathology after an exercise program plus the existence of a surgical lesion. With regard to thoracic outlet syndrome, the ACOEM Guidelines recommend confirmatory response to electromyography, electrophysiologic testing, and/or magnetic resonance angiography with flow studies before considering surgery. Documentation presented for review establishes that the claimant has subjective complaints, abnormal objective findings on physical examination, as well as diagnostic studies confirming pathology of the thoracic outlet that support the diagnosis of thoracic outlet syndrome. Given the fact that the claimant has attempted, failed, and exhausted traditional first line conservative treatment options, it is medically reasonable to proceed with right first rib resection and scalenectomy or right anterior middle scalene muscles.