

Case Number:	CM14-0089358		
Date Assigned:	08/08/2014	Date of Injury:	05/22/1998
Decision Date:	09/19/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/13/2014

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 Vascular 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 61-year old female who was injured on 05/22/1998 when she fell off a chair and injured her neck, upper back, and right and left wrists/hand; and on 10/11/1999, she twisted her right upper extremity and back when she lifted a lamp aggravating her previous injury. The patient underwent a puncture of right great saphenous vein with ultrasound guidance, catheterization of superior vena cava; angiogram of superior vena cava; catheterization of right innominate vein; catheterization of right cephalic vein; angiogram of right cephalic vein; angiogram of right subclavian vein; angioplasty of right subclavian vein; catheterization of right internal jugular vein; angiogram of right internal jugular vein; angioplasty of right internal jugular vein; catheterization of left subclavian vein; angiogram of left subclavian vein; catheterization of left axillary vein; angiogram of left axillary vein; angioplasty of left axillary vein; catheterization of left internal jugular vein; angiogram of left internal jugular vein; angioplasty of left internal jugular vein; and closure of right great saphenous vein on 08/27/2013. She has received a stellate ganglion block and brachial plexus block on 08/28/2013; left carpal tunnel release on 01/18/2013. TOS note dated 05/19/2014 states the patient presented for thoracic outlet syndrome. She complained of pain and tingling in her right neck, shoulders, arms, hands, and fingers as well as a dead arm feeling in the right arm. She rated her pain as a 7/10. On exam, AER and EAST tests are positive bilaterally. Tinel's and Phalen's are normal at the carpal and cubital tunnels. Motor and sensory exam is normal. Her vascular exam is normal as well. Impression is recurrent thoracic outlet syndrome that is more severe on the right side. An angiogram and venogram with possible percutaneous transluminal angioplasty of the head, neck, and arm vessels to evaluate the precise site and severity of thoracic outlet compression, to aid in determining what future procedures would be optimal for treating his symptoms. Prior utilization review dated 05/23/2014 states the request for Right supraclavicular scalenectomy for thoracic

outlet syndrome is denied as medical necessity has not been established; Assistant surgeon is denied as surgery has been denied; Post-surgery venogram with percutaneous transluminal angioplasty of head, neck and arms is denied as the surgery has been denied; Pre-op complete H&P (history and physical) is denied as surgery has been denied; Lab work is denied as the surgery has been denied; Chest x-ray and Anesthesia are denied as the surgery has been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right supraclavicular scalenectomy for thoracic outlet syndrome: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Shoulder Procedure Summary last updated 03/31/2014, Indications for Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.surgery.medsch.ucla.edu/vascular/Clinical_Thoracic%20Outlet%20Syndrome.shtml.

Decision rationale: The guidelines used in my decision that evaluation by [REDACTED] is appropriate and medically necessary is based review of this patient's complex and extensive medical with prior surgical and medical treatments for thoracic outlet syndrome (TOS) and carpal tunnel syndrome. The patient [REDACTED] is a physician and informed regarding peripheral neuropathy and compression syndromes. Importantly prior TOS surgery of transaxillary 1st rib resection and partial scalenectomy improved her condition in both upper extremities. I agree with the current diagnosis of recurrent thoracic outlet syndrome - the diagnosis has been substantiated by response to Botox injection and anterior scalene muscle block both of which provided temporary relief. The patient has been receiving her at UCLA - in the TOS clinic which is known for its excellent clinical results using a standard regimen of patient evaluation that may include venogram, arteriogram, and other imaging studies. The clinical decision to recommend "redo" thoracic surgery is appropriate and may include the following:- Anterior and middle scalectomy (supraclavicular) approach- Additional posterior 1st rib resection if deemed appropriate at the time of surgery- Neurolysis of the brachial plexus- Venogram- Arteriogram - Treatment of vascular lesions is identified by angioplasrtySince this is reoperative surgery the request of an assistant surgeon is also appropriate, possibility including a neurosurgeon (different specialist in TOS management).There are no guidelines for reoperative TOS surgery and patient care must be individualized. The Rutherford's Textbook of Vascular Surgery, 7th Edition 2010, pp 1865-125, and Therapy in Vascular and Endovascular Surgery, 5th Edition 2014 pp 175-186 provided clinical guidelines for primary and reoperative TOS procedures. Based on my review of the extensive records of this patient, the decision for procedure denial should be overturned. Since all the planned procedures are linked with each other, including request for assistant surgeon, I recommend approval of planned surgical treatment for recurrent TOS surgery of the Right upper extremity Therefore, Right supraclavicular scalenectomy for thoracic outlet syndrome is medically necessary.

Assistant surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines, Assistant Surgeon Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.surgery.medsch.ucla.edu/vascular/Clinical_Thoracic%20Outlet%20Syndrome.shtml.

Decision rationale: Since the primary procedure is medically necessary, the associated services are medically necessary.

Post-surgery venogram with percutaneous transluminal angioplasty of head, neck and arms: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.surgery.medsch.ucla.edu/vascular/Clinical_Thoracic%20Outlet%20Syndrome.shtml.

Decision rationale: Since the primary procedure is medically necessary, the associated services are medically necessary.

Pre-op complete H&P (history and physical): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.surgery.medsch.ucla.edu/vascular/Clinical_Thoracic%20Outlet%20Syndrome.shtml.

Decision rationale: Since the primary procedure is medically necessary, the associated services are medically necessary.

Lab work: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.surgery.medsch.ucla.edu/vascular/Clinical_Thoracic%20Outlet%20Syndrome.shtm.

Decision rationale: Since the primary procedure is medically necessary, the associated services are medically necessary.

EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation
http://www.surgery.medsch.ucla.edu/vascular/Clinical_Thoracic%20Outlet%20Syndrome.shtm.

Decision rationale: Since the primary procedure is medically necessary, the associated services are medically necessary.

Chest xray: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation
http://www.surgery.medsch.ucla.edu/vascular/Clinical_Thoracic%20Outlet%20Syndrome.shtml.

Decision rationale: Since the primary procedure is medically necessary, the associated services are medically necessary.

Anesthesia: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation
http://www.surgery.medsch.ucla.edu/vascular/Clinical_Thoracic%20Outlet%20Syndrome.shtml.

Decision rationale: Since the primary procedure is medically necessary, the associated services are medically necessary.