

Case Number:	CM15-0114252		
Date Assigned:	06/23/2015	Date of Injury:	04/15/2011
Decision Date:	07/30/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/12/2015

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:

This injured worker is a 52-year-old female who sustained an industrial injury on 4/15/11. Injury occurred when she fell over a drawer at work. Past surgical history was positive for right carpal tunnel release and ulnar nerve transposition on 1/23/13, and thoracic outlet syndrome surgery above the right clavicle on 1/6/14. The 3/13/14 bilateral upper extremity electrodiagnostic study revealed evidence of mild to moderate left carpal tunnel syndrome, mild right carpal tunnel syndrome, very mild right cubital tunnel syndrome, no electrophysiologic evidence to support thoracic outlet syndrome or motor radiculopathy in the upper extremities, and no electrophysiologic evidence to support distal peripheral neuropathy in the upper extremities. On 11/25/14, the injured worker underwent angiography with findings positive for thoracic outlet syndrome study with bilateral internal jugular stenosis and angioplasties of the left subclavian vein, left internal jugular vein, right subclavian vein, right axillary vein, and right internal jugular vein were performed. She underwent right pectoralis minor tendon release of the brachial plexus, axillary artery, and axillary vein on 2/3/15. The 4/21/15 pain management report indicated that the injured worker had undergone thoracic outlet syndrome surgery in February with worsening of right neck and upper extremity pain, swelling, sweatiness, color changes and hypersensitivity. Physical exam documented she was protective of the right upper extremity, was wearing wrist and elbow braces, and kept her shoulder and elbow tucked against her body. There were palpable muscle spasms involving the neck and upper back, and anterior to the right upper chest where she had recent surgery. There was tenderness in the axilla with nerve-like pain, and tenderness on the inner elbow in the ulnar distribution. The right hand was sweaty with some soft tissue

swelling, and she was unable to make a fist. Grip strength was 0/0/0 pounds right and 8/6/5 pounds left. The diagnosis included complex regional pain syndrome right upper extremity, chronic cervical strain with myofascial pain component, right carpal tunnel syndrome, and right ulnar neuropathy at Guyon's canal. The treatment plan recommended cognitive behavioral therapy, right intra-scalene brachial plexus block, a nurse case manager, and a home health assessment. The 5/4/15 vascular surgeon report cited grade 9/10 right upper extremity pain, numbness, tingling, color change, and coldness sensation on her head, neck, shoulder, arm, hand and fingers with tingling sensation in her left hand and fingers. Physical exam documented negative Adson's test, positive AER (abduction external rotation) test, and negative EAST (elevated arm stress test) bilaterally. There was Erb's point tenderness at the pectoralis minor tendon space, negative Tinel's and Phalen's signs at the carpal and cubital tunnels, normal motor and sensory at the ulnar and median nerve distributions, and general and vascular exams otherwise negative. The diagnosis was thoracic outlet syndrome, very persistent. Authorization was requested for right transaxillary first rib resection, redo subtotal scalenectomy and redo release of brachial plexus of subclavian artery and veins. The 5/12/15 utilization review non-certified the request for right transaxillary first rib resection, redo subtotal scalenectomy and redo release of brachial plexus of subclavian artery and veins, as there was no clinical documentation meeting the guideline criteria for either neurogenic, vascular, or venous thoracic outlet syndrome, and the injured worker had worsened symptoms after the first surgery and the reason for that was not described to support the medical necessity of a repeat surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right transaxillary first rib resection, redo subtotal scalenectomy and redo release of brachial plexus of subclavian artery and veins: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for thoracic outlet syndrome.

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 progress 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 not been met. This injured worker presents status post two thoracic outlet syndrome surgeries, most recently on 2/3/15, with no improvement. She has also been diagnosed with right upper extremity complex regional pain syndrome. There is no documentation of a positive EMG-guided scalene block or confirmatory electrophysiologic testing. Angiography prior to the last surgery was reported positive for thoracic outlet syndrome and angioplasty was performed. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no compelling reason to support

the medical necessity of additional surgery at this time. Therefore, this request is not medically necessary.