

Case Number:	CM15-0066116		
Date Assigned:	04/13/2015	Date of Injury:	09/22/1997
Decision Date:	06/11/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/07/2015

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 55-year-old female who sustained an industrial injury on 9/22/97, relative to continuous trauma. Past surgical history included multiple left shoulder surgeries including subacromial decompression and rotator cuff repair, and bilateral carpal tunnel release. The 10/7/14 thoracic outlet syndrome (TOS) specialist consult report cited a chief complaint of left arm and hand paresthesia. There was grade 9-10/10 pain reported in the head, neck, shoulder, arm, hand and fingers. Upper extremity symptoms included numbness and tingling, sensation of cold, burning sensations, painful sensitivity to cool breeze on her arm, hypersensitivity to light touch on her arm, and weakness. There were left-side headaches. She had undergone both scalene (2005) and stellate ganglion (2001) blocks which were negative. Cervical x-rays did not show cervical ribs. Electro diagnostic testing on 8/19/10 showed mild compression of the ulnar nerve near the left elbow. SSEP testing suggested compression of the median nerve pathway. Neurovascular exam documented normal sensation, motor function, and deep tendon reflexes. Erb's, cubital tunnel, carpal tunnel, costoclavicular compression, Roos elevated arm stress, upper extremity limb tension, Wright's, and pectoralis/subclavius palpation were all positive on the left, and normal on the right. Adson's and Abduction external rotation maneuver were unable to perform due to pain and restricted range of motion. The patient had recently been evaluated by an agreed medical examiner who recommended two-level cervical discectomy and fusion. The TOS consultant opined that symptoms were compatible with thoracic outlet syndrome but confounding the evaluation were concurrent cervical spine disease and arthrofibrosis of the shoulders. Additionally, she had elements suggestive of possible complex regional pain

syndrome. A repeat bilateral scalene muscle block was recommended. The 2/11/15 TOS specialist report documented a left anterior muscle scalene block on 12/17/14. The report noted that she had a positive Roos test prior to injection at 3 seconds with grade 10/10 pain that decreased to 7/10 pain after 15 seconds. She was then able to lift her arm without pain, and numbness, headaches, chest pressure, and back tension was reduced. She noted that the shoulder problems did not change. The symptoms and clinical exam findings were compatible with thoracic outlet syndrome and testing was positive. The physician noted that the block indicated that she would be a good candidate for surgery to relieve her symptoms and the results indicate a 93 percent chance of improvement with surgery. The physician plan was for left sided thoracic outlet syndrome decompression surgery via first rib resection. The 3/11/15 utilization review non-certified the request for resection of the first and/or cervical rib with exploration of artery/vein and revision of arm nerve with 2 days inpatient stay as there was no evidence the injured worker had failed 3 months of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resection of first and or cervical rib with exploration of artery/vein and revision of arm nerve with 2 days inpatient stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS guidelines state the most patients with acute thoracic outlet compression symptoms will respond to a conservative program of global shoulder 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 electro physiologic testing and/or magnetic resonance angiography with flow studies is advisable before considering surgery. Guideline criteria have been met. This patient presents with signs/symptoms and clinical exam findings consistent with thoracic outlet syndrome. Confirmatory responses are noted to scalene block and electro physiologic testing. There is reasonable documentation of conservative treatment for the thoracic outlet syndrome, including activity alteration and medications. Therefore, this request is medically necessary at this time.