

Case Number:	CM15-0095162		
Date Assigned:	05/21/2015	Date of Injury:	05/23/2000
Decision Date:	07/20/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/18/2015

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: Arizona

Certification(s)/Specialty: 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 62 year old female who sustained a work related injury May 23, 2000. Past history included Addison's disease, hypertension, thyroid disease, s/p anterior cervical discectomy and fusion C5-6 and C6-7, bone grafting and instrumentation, 2005; s/p removal of anterior cervical segmental instrumentation C5-C7 2013; left shoulder arthroscopic surgery 2006; right shoulder arthroscopic surgery 2000 and 2002; right open rotator cuff surgery 2001; and right elbow post neurolysis and anterior transposition of ulnar nerve 2003. According to a consultation report dated April 1, 2015, the injured worker presented for evaluation of thoracic outlet syndrome. She has pain in the right arm and hand. The left side is also symptomatic but slightly less than the right. She had been treated in the past with anterior scalene muscle blocks, bilaterally with significant relief. Other treatment included physical therapy, acupuncture, and chiropractic and massage therapy, with little benefit. There is pain in the base of the neck, shoulder, upper arm, forearm, hand and fingers 4, 5, rated 8/10, bilateral, worse on the right, with numbness and tingling. Diagnosis is documented as bilateral thoracic outlet syndrome (TOS), worse on right. Treatment plan included a request for authorization for first rib resection and in-patient hospital stay x 2 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

First rib resection: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor Online - Thoracic Outlet Syndrome.

Decision rationale: For neurogenic TOS, a trial of 3 to 12 months of conservative treatment directed toward correction of abnormal posture or muscle imbalance is the most accepted approach, even if an operative procedure is anticipated. Conservative treatment seeks to reduce and redistribute pressure on affected nerves and blood vessels and may include an exercise program, manual therapy to increase mobility of the shoulder girdle, shoulder braces to improve posture, or alterations to customary work habits. Physical activities that aggravate the condition should be avoided. Non-steroidal anti-inflammatory drugs (NSAIDs) or muscle relaxants are sometimes useful in relieving pain. An anterior scalene block can be performed to anesthetize the anterior scalene muscle, indirectly relieving pressure on the brachial plexus. Typically, this treatment is used to confirm the diagnosis and assess whether the individual may be a candidate for thoracic outlet decompression surgery, but it also may be therapeutic. The reliability, accuracy, and safety of this potentially dangerous procedure may be enhanced with the use of electrophysiologic guidance to verify needle tip placement. Surgery is usually reserved for those individuals with neurogenic TOS who have failed to improve with conservative management and are unable to live and work comfortably. Surgery involves releasing or removing the structures that cause the compression. The procedure could include releasing the scalene muscle (scaleneotomy), removal of an accessory rib, or removing all or part of the first rib (rib resection). In extreme cases, breast reduction surgery may prove helpful in reducing the weight load to the anterior chest wall, thereby helping to relieve symptoms. A second opinion is often helpful before surgery is performed. This patient appears to have failed conservative measures and had an anterior scalene block in the past that was successful in relieving her symptoms. Therefore, she is likely to benefit from surgery for TOS. The request is medically necessary.

Associated surgical service: Inpatient hospital stay x 2 days: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Immediate Postoperative Care in the General Thoracic Ward Is Safe for Low-risk Patients after Lobectomy for Lung Cancer Korean J Thorac Cardiovasc Surg. 2011 Jun; 44(3): 229-235.

Decision rationale: Following major lung resection, patients have routinely been monitored in the intensive care unit (ICU). After first rib resection for TOS, patients would be treated similar to those undergoing lung resection. Hospital stay would be indicated based on approval for surgical intervention for TOS. The request is medically necessary.