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| Case Number: | CM15-0096450 | | |
| Date Assigned: | 05/26/2015 | Date of Injury: | 09/02/2011 |
| Decision Date: | 07/01/2015 | UR Denial Date: | 05/15/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

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 39-year-old male who sustained an industrial injury on 9/2/11. Injury occurred when he was forcefully pulling a rope with onset of shoulder pain. The 11/13/14 neurosurgical consultation report cited persistent pain over the brachial plexus radiating down his right upper extremity into the hand. He had been extensively evaluated including an MRI/MRA/MRV performed at [REDACTED]. Physical exam documented positive Tinel's on the right side all the way to the hand. He had pain radiating in a C8 distribution with numbness and tingling in the right hand and some loss of thenar muscle, which was consistent with C8 dermatomal distribution. Grip was 4/5 on the right. Palpation was grossly positive for brachial plexopathy on the right. The diagnosis was severe right brachial plexopathy. The treatment plan recommended exploration and neurolysis of the brachial plexus. The 3/17/15 pain management report documented a 3-year history of persistent right sided neck pain with right upper extremity weakness and restricted right shoulder range of motion. He had severe right brachial plexus tenderness and Tinel's, with positive right Roos and costoclavicular abduction test. He was sent for an MRI/MRA/MRV which showed very prominent findings of brachial plexopathy. There was marked crimping of the great vessels on the right with compression of the right subclavian artery. This led to Batson's venous engorgement and decreased draining of the veins of the neck and lymphatics. He had no significant findings of great vessel compression on the left. He had remained symptomatic with severe neck and right upper extremity pain. The diagnosis was post-traumatic brachial plexopathy, severe. Surgery had been requested but not authorized. Authorization was requested to proceed with right anterior scalene ultrasound guided Botox

chemodenervation with Hyaluronidase. Medications were also prescribed. Authorization was request for thoracic outlet syndrome surgery. The 4/23/15 orthopedic qualified medical examiner report documented the 4/1/14 MRI of the brachial plexus conclusion as showing obesity, mediastinal lipomatosis, bilateral rounding of the shoulders (left greater than right), and suspected pericardial inflammatory reflecting old inflammatory disease. The 5/15/15 utilization review non-certified the request for thoracic outlet syndrome surgery as electrodiagnostic had not been completed revealing thoracic outlet syndrome dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic outlet syndrome surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 211-212. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic) - Surgery for Thoracic Outlet Syndrome (TOS) 2015.

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 with persistent right sided neck pain radiating down the right upper extremity with weakness. Clinical exam findings have been reported consistent with a C8 distribution and brachial plexopathy. MR angiography reporting was conflicting and the actual report was not available for review. There was no evidence of EMG guided scalene blocks or electrophysiologic testing with confirmatory blocks. In the absence of a firm diagnosis, surgery would not be supported. Therefore, this request is not medically necessary.