

Icon Medical Solutions, Inc.

11815 CR 452
Lindale, TX 75771
P 903.749.4272
F 888.663.6614

Notice of Independent Review Decision

DATE: June 12, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left First Rib Resection 21615, 35761, 64713

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This physician is Board Certified by the American Board of Orthopedic Surgeons with over 40 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

03/28/12: Office Visit by MD with Group
04/20/12: Operative Report by MD
04/26/12: Office Visit by MD
05/02/12: UR performed by MD
05/17/12: UR performed by DO

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who suffered a work-related injury on xx/xx/xx. She is status post left rotator cuff repair.

03/28/12: The claimant was evaluated by MD for complaints of left arm numbness, swelling, discoloration, and feeling cold. Current medications were Tizanidine and hydrocodone-acetaminophen. Her pain was rated at 7 intensity. It was noted that she is status post left rotator cuff repair. On physical exam, she was noted to have dilated neck veins with the arm elevated. Cardiovascular: Palpation and percussion: PMI in 5th ICS at MCL; no lifts, thrills, palp S3 or S4. Auscultation: S1, S2, no murmur, rub, or gallop. Carotid arteries: Pulses 2+, symmetric, no bruits. On extremity exam, she had positive Adson's, AER, and EAST tests for TOS bilateral. She was diagnosed with Thoracic Outlet Syndrome (TOS), bilateral. Dr. Ahn ordered angiogram and venogram of the head, neck, and arm vessels to assess the site and severity of the neurovascular structures.

04/20/12: Operative Report by MD. Postoperative Diagnosis: Thoracic Outlet Syndrome. Procedures: 1. Bilateral Upper Extremity Angiogram. 2. Venogram of BC Vessels.

04/26/12: The claimant was reevaluated by, MD for a followup from angiogram. On physical exam, she had dilated neck veins with the arm elevated. Cardiovascular: Palp/percussion: PMI in 5th ICS at MCL; no lifts, thrills, palp S3 or S4. Auscultation: S1, S2, no murmur, rub, or gallop. Carotid Arteries: Pulses 2+, symmetric, no bruits. Peripheral Circulation: No cyanosis, clubbing, edema, or varicosities. Extremities: Digits and Nails: Positive Adson's, AER, and EAST for TOS, left worse than right. ASSESSMENTS/FINDINGS: Recent angiogram and venogram showed bilateral TOS, left worse than right. Patient improved temporarily after PTA of the subclavian and internal jug; but, now symptoms have come back. PLAN: Left transaxillary surgical decompression of the thoracic outlet.

05/02/12: UR performed by MD. History: According to the records made available for review, this is a female. Date of injury is xx/xx/xx and mechanism of injury is unknown. The patient most recently presented on 4/27/12. No subjective complaints noted in the records. Examination revealed dilated neck veins with the arms elevated. Digits and nail exam revealed positive Adson's, AER, and EAST tests for TOS bilaterally. Imaging or vascular studies were not available for review. Treatment to date is hydrocodone/apap and muscle relaxants. Conclusion: Attempts at peer to peer discussion were unsuccessful; was informed the requesting doctor would not be available for case discussion within the time constraints of this review. ODG states that over 85% of patients with acute Thoracic Outlet Syndrome (TOS) with Compression symptoms will respond to a conservative program, including exercise. Additionally, a confirmatory response to EMG guided scalene block, and/or confirmatory electrophysiologic testing is advisable before consideration for surgery. The diagnosis and consideration for surgery requires both subjective complaints as well as specific physical findings, each dependent on whether the TOS is neurogenic or of a vascular type. There are no subjective complaints documented in this patient. The physical findings are limited to positive EAST, AER, and Adson's tests as well as dilated neck veins with arms elevated. No vascular studies were available, nor

were electrodiagnostic studies. Clinical information is insufficient to diagnose or consider surgery for TOS and therefore, left first rib resection is not recommended for certification.

05/17/12: UR performed by DO. Conclusion: The request for first rib resection is not supported as medically necessary. The submitted clinical records do not provide any data regarding mechanism of injury, diagnostic studies, or provide information regarding conservative treatment to date. In the absence of this data, the medical necessity of the request is not established and the previous denial is upheld. ADDENDUM: Dr. Samuel Ahn was contacted May 17, 2012 at 4:15 PM CDT. Dr. indicated he would have his medical records faxed for my review as he did not have them available during this discussion. The records were provided and do document this patient having classic findings for thoracic outlet compression syndrome but the records faxed by Dr. did not contain sufficient information of conservative treatment which ODG requires. Therefore, recommend noncertification of the requested first rib resection.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The previous adverse decisions are upheld. According to ODG, conservative care including physical therapy and exercise should be considered before surgery is indicated. Only cases with progressive weakness, atrophy, and neurological dysfunction should be considered for surgery, which is not indicated in this case. There has been no documentation of EMG guided scalene block or confirmatory electrophysiologic testing as recommended by EMG. Therefore, the requested Left First Rib Resection 21615, 35761, 64713 is not medically necessary and is noncertified.

ODG:

<p>Surgery for Thoracic Outlet Syndrome (TOS)</p>	<p>Recommended only as indicated below. Over 85% of patients with acute Thoracic Outlet Compression symptoms will respond to a conservative program, including exercise. While not well supported by quality studies, cases with progressive weakness, atrophy, and neurologic dysfunction are sometimes considered for surgical decompression. A confirmatory response to EMG guided scalene block, and/or confirmatory electrophysiologic testing is advisable before consideration for surgery. Vascular thoracic outlet syndrome (TOS), although much less common than neurologic TOS, requires more urgent care. Thoracic outlet syndrome (TOS) refers to compression of the neurovascular structures at the superior aperture of the thorax. It represents a constellation of symptoms. The cause, diagnosis, and treatment are controversial. The clinical findings in thoracic outlet syndrome (TOS) may be similar to those in carpal tunnel syndrome, ulnar neuropathy, or cervical radiculopathy. A physician should consider these alternative diagnoses before requesting TOS surgery. Most patients with TOS have cervical ribs. Overall, long-term outcomes after TOS surgery are worse than outcomes with medical management of TOS. (Washington, 2002) (Wickizer, 2004) Surgical intervention (scaleneotomy) seems to be the treatment of choice in terms of restoring quality of life and physical activity for professional athletes admitted with thoracic outlet syndrome. (Baltopoulos, 2008) See also Electrodiagnostic testing for TOS (thoracic outlet syndrome).</p> <p>ODG Indications for Surgery™ -- Surgery for Thoracic Outlet Syndrome</p>
---	---

	<p>(TOS):</p> <p>Criteria for Neurogenic TOS:</p> <ol style="list-style-type: none"> 1. <u>Conservative Care:</u> Physical therapy leading to home exercise for a minimum of 3 months. PLUS 2. <u>Subjective Clinical Findings:</u> In the affected upper extremity, all of the following must be found: (a) Pain, (b) Numbness or paresthesia in the ulnar nerve distribution. PLUS 3. <u>Objective Clinical Findings:</u> In the affected upper extremity, all of the following electrodiagnostic abnormalities must be found: (a) Reduced amplitude median motor response, (b) Reduced amplitude ulnar sensory response, (c) Denervation in muscles innervated by lower trunk of the brachial plexus <p>Criteria for Vascular TOS, Arterial:</p> <ol style="list-style-type: none"> 1. <u>Subjective Clinical Findings:</u> At least three of the following must be present in the affected upper extremity: (a) Pain, (b) Swelling or heaviness, (c) Decreased temperature or change in color, (d) Paresthesias in the ulnar nerve distribution. PLUS 2. <u>Objective Clinical Findings:</u> At least one of the following: (a) Pallor or coolness, (b) Gangrene of the digits in advanced cases. PLUS 3. <u>Imaging Clinical Findings:</u> Abnormal arteriogram <p>Criteria for Vascular TOS, Venous:</p> <ol style="list-style-type: none"> 1. <u>Subjective Clinical Findings:</u> At least three of the following must be present in the affected upper extremity: (a) Pain, (b) Swelling or heaviness, (c) Decreased temperature or change in color, (d) Paresthesias in the ulnar nerve distribution. PLUS 2. <u>Objective Clinical Findings:</u> At least two of the following: (a) Swelling of the arm, (b) Venous engorgement, (c) Cyanosis. PLUS 3. <u>Imaging Clinical Findings:</u> Abnormal venogram <p>(Washington, 2002)</p>
--	--

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**