

Case Number:	CM13-0015373		
Date Assigned:	03/12/2014	Date of Injury:	06/10/2011
Decision Date:	04/17/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/22/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 33-year-old female who reported an injury on 05/28/2011. The patient reported a gradual onset of swelling and sharp pain in bilateral upper extremities secondary to repetitive typing. The patient is currently diagnosed with carpal tunnel syndrome, cervical spine radiculitis, rule out cervical spine disc injury, digestive problem, and thoracic outlet syndrome. A Request for Authorization was submitted on 07/25/2013 by [REDACTED] for a venogram/angiogram with percutaneous transluminal angioplasty of brachial cephalic vessels, including the head, neck, and arms with possibility of stenting. However, there were no physician progress reports submitted by [REDACTED] for this review. The latest physician progress report submitted for this review is dated 12/23/2013 by [REDACTED]. The patient presented with pain in the upper extremities and cervical spine. It was noted that the patient had a visit with [REDACTED] following an angiography and angioplasty to the upper extremities. The patient continued to report constant pain. Physical examination revealed limited range of motion of the cervical spine and bilateral shoulders with tenderness to palpation and color changes to bilateral hands. The patient also demonstrated weak grip strength bilaterally. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

VENOGRAM/ANGIOGRAM WITH PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY OF BRACHIAL CEPHALIC VESSELS WHICH INCLUDE THE HEAD, NECK AND ARMS WITH POSSIBILITY OF STENTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THORACIC OUTLET DECOMPRESSION PROCEDURES ACG: A-0222 (AC) MCGTM AMBULATORY CARE 17TH EDITION

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER CHAPTER, SURGERY FOR THORACIC OUTLET SYNDROME.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. Official Disability Guidelines state surgery for thoracic outlet syndrome is recommended for specific indications. For neurogenic thoracic outlet syndrome, conservative care, including physical therapy and home exercise is recommended for 3 months prior to surgical intervention. As per the documentation submitted, there were no physician progress reports submitted by [REDACTED]. There were no diagnostic reports submitted for review. The patient's most recent physical examination only revealed color changes to bilateral hands. There was no documentation of swelling, venous engorgement, cyanosis, gangrene, or reduced sensation. It is also noted in the physician progress report submitted on 12/23/2013 that the patient underwent an angiogram and angioplasty to bilateral upper extremities with [REDACTED] on Final Determination Letter for IMR Case Number [REDACTED] 4 an unknown date. The medical necessity for the current request has not been established. Based on the clinical information received, the request is non-certified.

PRE-OP LABWORK: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, PREOPERATIVE TESTING, GENERAL.

Decision rationale: As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

H&P: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, PREOPERATIVE TESTING, GENERAL

Decision rationale: As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

CHEST X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, PREOPERATIVE TESTING, GENERAL.

Decision rationale: As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

ANESTHESIOLOGIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.