

<b>Case Number:</b>	CM13-0048067		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/10/2011
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in General Surgery, has a subspecialty in Thoracic and Vascular 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 physician 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 has been disabled secondary to upper extremity, neck and head pain which has been present for more than a year. She has been seen and treated by a number of specialists including orthopedic surgery, neurology, pain management and vascular surgery. She has been diagnosed with a series of conditions including carpal tunnel syndrome, cervical radiculitis, and thoracic outlet syndrome. Her cervical MRI was negative. An ulnar nerve conduction velocity in both arms demonstrated slowing and a reduced amplitude. On physical exam there was no evidence of venous obstruction or arterial insufficiency. An Adson Test was positive [as is true in 50% of the population] and the EAST [elevated arm stress test] was diagnostic of Thoracic Outlet Syndrome (TOS). Her treatments have included physical therapy, epidural injections, cervical blocks, narcotic analgesics, anti-inflammatory drugs and subclavian and jugular vein venoplasty. All have, at best, only provided temporary relief. There is no record of either a Chest X-ray (CXR) to rule out a cervical rib or a scalene block to confirm Thoracic Outlet Syndrome (TOS). The last recommendation for a left sclanectomy and repeat venogram has not been approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Angiogram:** 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 7th Edition, Rutherford's textbook of vascular surgery. Pages 1865-1917 chapters 122-125.

**Decision rationale:** The patient had no evidence for arterial insufficiency associated with the Thoracic Outlet Syndrome (TOS). Neither hand ischemia nor evidence of embolization was noted. A pre angiogram duplex ultrasound or vascular laboratory study was not done. The study was completely normal. Therefore, Decision for Angiogram is not medically necessary and appropriate.

**Venogram:** 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 7th Edition, Rutherford's textbook of vascular surgery. Pages 1865-1917 chapters 122-125.

**Decision rationale:** Venography in the Thoracic Outlet Syndrome (TOS) is usually reserved for acute arm swelling or subclavian vein thrombosis. Venography is usually preceded by a duplex ultrasound which confirms a blockage. Treatment includes anticoagulation, thrombolysis and possible balloon angioplasty. Resection of the first rib is often required. This patient had no specific symptoms consistent with a venous Thoracic Outlet Syndrome (TOS) and did not require a venogram. The venogram was essentially normal and showed only venous narrowing in the region of the first rib. Therefore, Decision for Venogram is not medically necessary and appropriate.

**Percutaneous Transluminal Angioplasty Of Head, Neck, And Arm Vessels:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG , indications for Thoracic Outlet Syndrome (TOS) Surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 7th Edition, Rutherford's textbook of vascular surgery. Pages 1865-1917 chapters 122-125.

**Decision rationale:** The otherwise unnecessary venogram demonstrated stenosis in the Right internal jugular vein, Left subclavian vein, and the Left internal jugular vein. The first was reduced from 70 to 50%, the second from 60% to 30%, and the third from 60-40%. I am unaware of any indication for venoplasty in a patient with asymptomatic venous obstruction. If the goal was prevention of a future venous thrombosis then a first rib resection would be in order. N.B. jugular vein venoplasty is currently being studied as a treatment for multiple sclerosis. This is not relevant to this case. Therefore, Decision for percutaneous transluminal angioplasty of head, neck, and arm vessels is not medically necessary and appropriate.

