

Case Number:	CM13-0060866		
Date Assigned:	12/30/2013	Date of Injury:	04/12/2001
Decision Date:	04/02/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/04/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 is a 40 year old female with date of injury 9/12/01. The treating physician report dated 10/29/13. The patient has chronic thoracic outlet syndrome and previously had bilateral venogram, transaxillary first rib resection on the right in 2009 and on the left in 2005 and supraclavicular scalenectomy on the right in 2011 and left 2012. Her current diagnoses are:
1. Persistent venous, arterial, and neurogenic thoracic outlet syndrome. Review of the utilization review report dated 11/13/13 denied the request of angiogram and venogram with percutaneous transluminal angioplasty. The rationale for the denial was based on lack of guideline recommendations and lack of medical literature to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Angiogram and Venogram with percutaneous transluminal angioplasty:
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 I was not able to locate a reference in MTUS/ACOEM topics, MTUS/Chronic Pain Guidelines, or ODG-TWC guidelines related to the issue at hand.

According to LC4610.5(2) "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required t

Decision rationale: The patient presents with persistent severe pain (8/10) and tingling bilaterally in her head, neck, shoulders, arms, hands, and fingers. She also has color change bilaterally in her arms, hands and fingers as well as coldness in both hands and fingers. The examination findings on 10/29/13 indicate positive EAST bilaterally while Adson's is negative bilaterally. Tinel's and Phalen's signs are negative at the carpal and cubital tunnels. Motor and sensory are normal at the ulnar and median nerve distributions. There are no dilated neck veins with arms elevated and there is point tenderness of the pectoralis muscle tendon. Review of the MTUS and ODG guidelines do not address the request for angiogram and venogram with percutaneous transluminal angioplasty. I could not find any peer reviewed scientific evidence to support the request. The nationally recognized standards vary on a case by case basis for these procedures. Therefore expert opinion is relied upon in this determination. I have reviewed the vascular treating physician reports dated 5/14/13, 10/1/13 and 10/29/13 as well as the operative report that indicated that complete decompression of the neurovascular bundle was completed on 5/14/12. The patient has had at least 4 surgeries already to decompress the thoracic outlet. The current examination findings do not support additional invasive vascular testing or surgical intervention. There is no supporting medical documentation submitted to suggest that additional testing or procedures would alter the current diagnosis of thoracic outlet syndrome or provide functional change for this patient. Recommendation is for denial.