

<b>Case Number:</b>	CM14-0174777		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	01/01/2010
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 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 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 52 year old female who was injured on 01/01/2010. The mechanism of injury is unknown. She has been treated conservatively with TENS and acupuncture without any relief of symptoms. The patient was seen on 09/09/2014 with complaints of numbness and tingling in the head, neck shoulder, arm, hands and fingers. She reported difficulty with holding her head up and turning her neck. She rated her headaches as an 8/10 and she also reported spasms. Her examination revealed 2+ carotids bilaterally without bruits. The femoral arteries were 4/4/4 as well as popliteal. There was point tenderness at ERB's bilaterally and at pec minor tendon point bilaterally. AER and EAST tests were positive bilaterally. The patient is diagnosed with possible thoracic outlet syndrome with scalene and pectoralis minor tendon components. The patient was recommended for the request listed below. Prior utilization review dated 10/02/2014 states the request for Angiogram/Venogram with percutaneous transluminal angioplasty of brachial cephalic vessels - head, neck and arm with possible stenting and Associated surgical service: Pre-Operative Chem Panel, CBC, PT/PTT, CXR, and EKG is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Angiogram/Venogram with percutaneous transluminal angioplasty of brachial cephalic vessels - head, neck and arm with possible stenting:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mather, M.N., & Hallisey, M.J. (2011). Venous Angioplasty and Stents. Handbook of Interventional Radiologic Procedures, 432.; Ricco, J.B., & Schneider, F. (2013). Vascular disorders of the upper limb. Vascular and Endovascular Surgery: Companion to Specialist Surgical Practice.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or Medical Evidence: <http://www.webmd.com/heart-disease/angiogram> Therapy in Vascular and Endovascular Surgery, 5th Edition, Diagnosis of thoracic outlet syndrome, 2014, page(s) 175-177.

**Decision rationale:** CA MTUS and ODG guidelines are silent regarding the request. There are no specific guidelines for the evaluation of a patient with suspected neurogenic thoracic outlet syndrome (TOS). The medical records of this patient (MS) indicated non-specific symptoms and signs for brachial plexus compression and nerve compression, i.e. positive EAST. The diagnosis of this type of TOS is primarily based on clinical findings in association with imaging of the C-spine, brachial plexus, and CXR for cervical rib or other bony abnormality. The medical record does not indicate any venous or arterial abnormality on physical exam or confirmed on vascular laboratory testing. The requested treatment of angiogram/venogram with possible stenting is not required to establish the diagnosis or treat neurogenic TOS. The surgical management of this condition includes 1st rib resection with anterior/middle sclenectomy. The subclavian artery and vein are not involved with this condition. The role for pectoralis minor tenotomy is based on patient specific findings which were present in this woman. Further, the medical records show advanced C-spine osteoarthritis which could account for the neck and arm pains. Based on vascular surgery textbook guidelines from clinical experts, and the clinical documentation, including the prior utilization review, and the medical record details stated above, the request is not medically necessary.

**Associated surgical service: Pre Operative Chem Panel, CBC, PT/PTT, CXR, and EKG.:**  
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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.