

Case Number:	CM14-0075994		
Date Assigned:	07/16/2014	Date of Injury:	02/18/2005
Decision Date:	03/24/2015	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 injured worker is a 50 year old female, who sustained an industrial injury on February 18, 2005. She has reported neck, and thoracic back injury. The diagnoses have included brachial plexus lesions. Treatment to date has included medications, laboratory evaluations. Currently, the IW complains of pain in the shoulders, arms, hands, and fingers. She also complains of numbness, tingling, color change, and coldness. She has indicated her pain level to be 7-10/10 on a pain scale. Physical findings reveal dilated neck veins when her arm is elevated. Her cardiovascular system is noted to be within normal limits on examination. On May 1, 2014, Utilization Review non-certified angiogram/venogram percutaneous transluminal angioplasty of brachial cephalic vessels which include head, neck and arms with possible stenting, based on MTUS, and non-MTUS guidelines. On May 23, 2014, the injured worker submitted an application for IMR for review of angiogram/venogram percutaneous transluminal angioplasty of brachial cephalic vessels which include head, neck and arms with possible stenting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Angiogram/venogram percutaneous transluminal angioplasty of brachial cephalic vessels with possible stenting - head, neck, arms: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment. Decision based on Non-MTUS Citation Braunwald's Heart Disease <http://circ.ahajournals.org/content/99/17/2345.long>

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the American College of Cardiology/American Heart Association Guidelines , Angiogram/venogram percutaneous transluminal angioplasty of brachial cephalic vessel with possible stenting-head, neck and arms is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and understand/observe pain behavior. The history and physical examination also serve to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. Braunwald's Heart Disease (Text) states coronary angiography is a necessary step in the management of patients for whom revascularization with percutaneous coronary intervention or coronary artery bypass grafting is likely to be beneficial because of a high risk for complications with medical therapy alone. The American College of Cardiology/American Heart Association guidelines support coronary angiography for diagnosis in patients with angina who have survived sudden death. Percutaneous transluminal coronary angiography (PTCA), stenting and related techniques or therapeutic options chronic stable angina. In this case, the treating physician recommends angiogram and venogram with possible percutaneous transluminal angioplasty of the head, neck and arm vessels as the injured worker is suspected to have possible thoracic outlet syndrome. There is no documentation the injured worker underwent less invasive diagnostic procedures. There is no thorough documentation of a cardiovascular history and no, clinical manifestations that would require special testing. The injured worker's working diagnoses are recurrent thoracic outlet syndrome worse on the left side. The medical record contains 53 pages. The date of injury dates back to 2005. The documentation does not include or state the nature of the industrial injury. The medical record contains multiple progress notes and operative notes for thoracic outlet syndrome that resulted in surgery (as a result of thoracic outlet syndrome). The injured worker was first seen by the vascular surgeon on June 12, 2007. There are no other physician notes or physician documentation in the medical record. The workup to date includes MRI of the brachial plexus, MRI of the cervical spine, transaxillary first rib resection in July 2008 and the supraclavicular scalenectomy November 2009. On November 11, 2009, the injured worker underwent surgery for recurrent thoracic outlet syndrome. The indications for surgery were documented as a 45-year-old woman who has recurrent thoracic outlet syndrome refractory to conservative management. There is no clinical documentation contained in the medical record that illuminates the nature of the work injury, the cause of the work injury, establishment of causation, and other preliminary treatment rendered prior to vascular surgery intervention. There is no clinical rationale in the medical record to support the angiogram/venogram percutaneous transluminal angioplasty of the brachial cephalic vessels in the medical record. Consequently, absent clinical documentation addressing the nature of the

work injury, work up to date (not including vascular surgery progress notes), the work injury and how it relates to thoracic outlet syndrome, Angiogram/venogram percutaneous transluminal angioplasty of brachial cephalic vessel with possible stenting-head, neck and arms is not medically necessary.