

Case Number:	CM15-0139180		
Date Assigned:	07/29/2015	Date of Injury:	05/19/2003
Decision Date:	09/08/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/17/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 46-year-old female, who sustained an industrial injury on 5/19/03. The diagnoses have included thoracic outlet syndrome. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, and other modalities. Currently, as per the physician progress note dated 4/21/15, the injured worker complains of left upper extremity pain on her neck, shoulder, arm and fingers with numbness and tingling left arm and fingers. She has frequent headaches and is working full time. The diagnostic testing that was performed included electromyography (EMG)/ nerve conduction velocity studies (NCV) of the bilateral upper extremities. The physical exam reveals that Adson's test was positive bilaterally, AER and East tests were positive bilaterally but worse on the left than the right, Erb's point tenderness at pectoralis minor tendon space bilaterally, she has dilated neck veins bilaterally with arms elevated, and left ulnar nerve weakness with slight atrophy of left hypothenar muscles. The physician requested treatments included Angiogram/venogram with percutaneous transluminal angioplasty of brachial cephalic vessels with possibility of stenting to evaluate the precise site and severity of thoracic outlet compression, Pre-operative health and physical, Pre-operative CXR (chest x-ray), Pre-operative EKG (electrocardiogram), Pre-operative labs: CBC (complete blood count) and CMP (comprehensive metabolic panel) and Pre-operative labs: PT (prothrombin time) and PTT (partial thromboplastin time).

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 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 Official Disability Guidelines (ODG), Shoulder Chapter: Surgery for Thoracic Outlet Syndrome (TOS); ODG, Indications for Surgery - Surgery for Thoracic Outlet Syndrome (TOS): Criteria for Neurogenic TOS, Criteria for Vascular TOS, Arterial; Criteria for Vascular TOS, Venous.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Thoracic Outlet Syndrome Diagnosis.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of angiogram/venogram with PTCA of the brachiocephalic vessels for this patient. The clinical records submitted do support the fact that this patient has been ruled out to have a neurogenic cause of their thoracic outlet syndrome. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of angiogram/venogram with PTCA of the brachiocephalic vessels for thoracic outlet syndrome. According to the Official Disability Guidelines (ODG): "The clinical findings in thoracic outlet syndrome (TOS) may be similar to those in carpal tunnel syndrome, ulnar neuropathy, or cervical radiculopathy. A physician should consider these alternative diagnoses before requesting TOS surgery." Neurogenic TOS results from compression of the brachial plexus nerves running either through the neck just above the collarbone or down into the upper chest and just under the collarbone near the shoulder, an area known as the interscalene triangle. "Vascular thoracic outlet syndrome (TOS) is much less common than neurologic TOS." This patient's EMG results and physical exam are suspicious for neurogenic thoracic outlet syndrome. A vascular exam was unremarkable for insufficiency of either the arterial or the venous systems. This implies that the patient likely does not have a vascular cause of her thoracic outlet syndrome. Therefore, based on the submitted medical documentation, the request for angiogram/venogram with PTCA of the brachiocephalic vessels for thoracic outlet syndrome is not-medically necessary.

Pre-operative health and physical: 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) Shoulder (Acute & Chronic), Thoracic Outlet Syndrome Diagnosis.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of angiogram/venogram with PTCA of the brachiocephalic vessels for this patient. The clinical records submitted do support the fact that this patient has been ruled out to have a neurogenic cause of their thoracic outlet syndrome. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of angiogram/venogram with PTCA of the brachiocephalic vessels for thoracic outlet syndrome. According to the Official Disability Guidelines (ODG): "The clinical findings in thoracic outlet syndrome (TOS) may be similar to those in carpal tunnel syndrome, ulnar neuropathy, or cervical radiculopathy. A physician should consider these alternative diagnoses before requesting TOS surgery." Neurogenic TOS results from compression of the brachial plexus nerves running either through the neck just above the

collarbone or down into the upper chest and just under the collarbone near the shoulder, an area known as the interscalene triangle. "Vascular thoracic outlet syndrome (TOS) is much less common than neurologic TOS." This patient's EMG results and physical exam are suspicious for neurogenic thoracic outlet syndrome. A vascular exam was unremarkable for insufficiency of either the arterial or the venous systems. This implies that the patient likely does not have a vascular cause of her thoracic outlet syndrome. Therefore, based on the submitted medical documentation, the request for preoperative health and physical is not-medically necessary.

Pre-operative CXR (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) Shoulder (Acute & Chronic), Thoracic Outlet Syndrome Diagnosis.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of angiogram/venogram with PTCA of the brachiocephalic vessels for this patient. The clinical records submitted do support the fact that this patient has been ruled out to have a neurogenic cause of their thoracic outlet syndrome. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of angiogram/venogram with PTCA of the brachiocephalic vessels for thoracic outlet syndrome. According to the Official Disability Guidelines (ODG): "The clinical findings in thoracic outlet syndrome (TOS) may be similar to those in carpal tunnel syndrome, ulnar neuropathy, or cervical radiculopathy. A physician should consider these alternative diagnoses before requesting TOS surgery." Neurogenic TOS results from compression of the brachial plexus nerves running either through the neck just above the collarbone or down into the upper chest and just under the collarbone near the shoulder, an area known as the interscalene triangle. "Vascular thoracic outlet syndrome (TOS) is much less common than neurologic TOS." This patient's EMG results and physical exam are suspicious for neurogenic thoracic outlet syndrome. A vascular exam was unremarkable for insufficiency of either the arterial or the venous systems. This implies that the patient likely does not have a vascular cause of her thoracic outlet syndrome. Therefore, based on the submitted medical documentation, the request for preoperative CXR is not-medically necessary.

Pre-operative EKG (electrocardiogram): 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 Shoulder (Acute & Chronic), Thoracic Outlet Syndrome Diagnosis.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of angiogram/venogram with PTCA of the brachiocephalic vessels for this patient. The clinical records submitted do support the fact that this patient has been ruled out to have a neurogenic cause of their thoracic outlet syndrome. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of angiogram/venogram with PTCA of the brachiocephalic vessels for thoracic outlet syndrome. According to the Official Disability

Guidelines (ODG): "The clinical findings in thoracic outlet syndrome (TOS) may be similar to those in carpal tunnel syndrome, ulnar neuropathy, or cervical radiculopathy. A physician should consider these alternative diagnoses before requesting TOS surgery." Neurogenic TOS results from compression of the brachial plexus nerves running either through the neck just above the collarbone or down into the upper chest and just under the collarbone near the shoulder, an area known as the interscalene triangle. "Vascular thoracic outlet syndrome (TOS) is much less common than neurologic TOS." This patient's EMG results and physical exam are suspicious for neurogenic thoracic outlet syndrome. A vascular exam was unremarkable for insufficiency of either the arterial or the venous systems. This implies that the patient likely does not have a vascular cause of her thoracic outlet syndrome. Therefore, based on the submitted medical documentation, the request for preoperative EKG is not-medically necessary.

Pre-operative labs: CBC (complete blood count) and CMP (comprehensive metabolic panel): 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) Shoulder (Acute & Chronic), Thoracic Outlet Syndrome Diagnosis.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of angiogram/venogram with PTCA of the brachiocephalic vessels for this patient. The clinical records submitted do support the fact that this patient has been ruled out to have a neurogenic cause of their thoracic outlet syndrome. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of angiogram/venogram with PTCA of the brachiocephalic vessels for thoracic outlet syndrome. According to the Official Disability Guidelines (ODG): "The clinical findings in thoracic outlet syndrome (TOS) may be similar to those in carpal tunnel syndrome, ulnar neuropathy, or cervical radiculopathy. A physician should consider these alternative diagnoses before requesting TOS surgery." Neurogenic TOS results from compression of the brachial plexus nerves running either through the neck just above the collarbone or down into the upper chest and just under the collarbone near the shoulder, an area known as the interscalene triangle. "Vascular thoracic outlet syndrome (TOS) is much less common than neurologic TOS." This patient's EMG results and physical exam are suspicious for neurogenic thoracic outlet syndrome. A vascular exam was unremarkable for insufficiency of either the arterial or the venous systems. This implies that the patient likely does not have a vascular cause of her thoracic outlet syndrome. Therefore, based on the submitted medical documentation, the request for preoperative CBC is not-medically necessary.

Pre-operative labs: PT (prothrombin time) and PTT (partial thromboplastin time): 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) Shoulder (Acute & Chronic), Thoracic Outlet Syndrome Diagnosis.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of angiogram/venogram with PTCA of the brachiocephalic vessels for this patient. The

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