

<b>Case Number:</b>	CM15-0166920		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	09/16/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 36 year old female, who sustained an industrial injury on September 16, 2014, incurring injuries to the right upper arm. She complained of right upper arm pain radiating into the hand causing numbness of the right little finger. She had pain in her neck, scapula, shoulder, elbow and hand. She was diagnosed with right upper extremity nerve compression, thoracic outlet syndrome of the right upper extremity, subscapular nerve compression, ulnar nerve compression and median nerve compression. Treatment included physical therapy and home exercise program, chiropractic sessions and acupuncture with little relief of pain. Currently, the injured worker complained of persistent tingling pain in the right little finger radiating into the right underarm interfering with her functional activities of carrying and moving objects and fine hand use. Magnetic Resonance Imaging and Magnetic Resonance Arthrogram revealed a vascular compression. The treatment plan that was requested for authorization included an Angiogram and venogram with percutaneous transluminal angioplasty of brachiocephalic vessels including the head, neck and arms with possibility of stenting; preoperative history and physical; preoperative electrocardiogram; and preoperative blood work.

### 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 brachiocephalic vessels, which include head, neck and arms 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  
<http://www.ncbi.nlm.nih.gov/pubmed/19629975>;  
<http://www.ncbi.nlm.nih.gov/pubmed/17804769>.

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

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of angiogram/venogram with PTCA of the brachiocephalic vessels for this patient. 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 results and physical exam are suspicious for vascular thoracic outlet syndrome. Vascular TOS occurs as a result of axillary compression of the vessels as they traverse the scalene muscles. The patient's medical records do not support that the provider has investigated or planned for axillary decompression. Therefore, based on the submitted medical documentation, the request for angiogram/venogram with possible stenting of the brachiocephalic vessels for thoracic outlet syndrome is not medically necessary.

**Preoperative History and Physical (H&P): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.guideline.gov/content.aspx?id=48408>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative Lab Testing.

**Decision rationale:** There is insufficient clinical information provided to justify the medical necessity of a history and physical exam for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), pre-operative History and Physical is "for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications." The requested procedure is not medically necessary, therefore, the requested H

and P is no medically necessary. Thus, based on the submitted medical documentation, medical necessity for a History and Physical has not been established.

**Preoperative EKG: 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) Low Back, Preoperative electrocardiogram (ECG), Criteria for Preoperative electrocardiogram (EKG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative Lab Testing.

**Decision rationale:** There is insufficient clinical information provided to justify the medical necessity of EKG testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), pre-operative EKG is "Necessary for patients undergoing high or intermediate risk surgical procedures." There is no medical indication for the procedure; therefore, there is no medical indication for the EKG. Thus, based on the submitted medical documentation, medical necessity for EKG testing has not been established.

**Preoperative CBC: 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), Preoperative lab testing - Criteria for Preoperative testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative Lab Testing.

**Decision rationale:** The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." Per ODG, "A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated." The procedure is not medically necessary. Therefore, the preoperative testing is not medically necessary. Thus, based on the submitted medical documentation, medical necessity for CBC testing has not been established.

**Preoperative CMP: 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), Preoperative lab testing - Criteria for Preoperative testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lab testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of preoperative lab testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG): "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." This patient's requested surgery is not supported/indicated by the medical documentation. Therefore, based on the submitted medical documentation, the request for preoperative CMP is not medically necessary.

**Preoperative PR/PTT:** 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), Preoperative lab testing - Criteria for Preoperative testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lab testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of preoperative lab testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG): "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." This patient's requested surgery is not supported/indicated by the medical documentation. Therefore, based on the submitted medical documentation, the request for preoperative PT/PTT is not medically necessary.