

Case Number:	CM15-0032568		
Date Assigned:	02/27/2015	Date of Injury:	01/07/1997
Decision Date:	05/15/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/20/2015

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: 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 59 year old female, who sustained an industrial injury on January 7, 1997. The injured worker has reported head, neck and shoulder pain. The diagnoses have included thoracic outlet syndrome. Treatment to date has included pain medication, physical therapy, massage and a home exercise program. Current documentation dated December 30, 2014 notes that the injured worker complained of bilateral pain of her head, neck and shoulders. Associated symptoms include numbness and tingling of the neck bilaterally, numbness and tingling and color change of the left arm and fingers and a coldness sensation of her arms and fingers. Physical examination revealed a positive AER and hands up tests bilaterally, worse in the left upper extremity. Erb's point tenderness and dilated neck veins bilaterally with her arms elevated, was also noted. Motor and sensory examinations were normal, but mild weakness was noted at the ulnar and median nerve distributions. The treating physician suggested a Venogram/Angiogram. On January 28, 2015 Utilization Review non-certified a request for a Venogram/Angiogram with percutaneous transluminal angioplasty of brachial cephalic vessels, possible stenting / does not state if inpatient or outpatient procedure for diagnosis of brachial plexus lesions. Non- MTUS, ACOEM Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venogram/Angiogram with percutaneous transluminal angioplasty of brachial cephalic vessels, possible stenting, does not state if inpatient or outpatient procedure for diagnosis of brachial plexus lesions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Davis-Christopher Textbook of Surgery, 12th Edition, David C. Sabiston Jr., W.B. Saunders Company, 1981.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014- Thoracic Outlet Syndrome.

Decision rationale: Thoracic outlet syndromes are caused by compression of the neurovascular structures passing through the thoracic outlet. Surgery in cases of thoracic outlet syndrome is indicated for acute vascular insufficiency and progressive neurologic dysfunction. For subclavian venous thrombosis, treatment addresses 3 problems: the clot, the extrinsic compression, and the intrinsic damage to the vein. Thrombolysis with urokinase is the most commonly recommended treatment, with continued anticoagulation for several months. The timing of surgical decompression is debated, but surgical decompression is needed for long-term improvement. Patients with acute ischemia of the upper extremity require prompt diagnosis and surgical treatment. All other patients should receive nonoperative treatment that includes relative rest, nonsteroidal anti-inflammatory medications (NSAIDs), cervicospinal strengthening exercises, and modalities such as ultrasound, transcutaneous nerve stimulation, and biofeedback. Conservative care has been shown to be successful in most patients. In those patients in whom pain is refractory to conservative care, surgery should be considered. In this case, the claimant has a diagnosis of neurogenic thoracic outlet syndrome and treatment of the internal jugular vein stenosis has been proposed as a treatment. There is no documentation specifically indicating the treatment of internal jugular vein stenosis as proposed will definitively treat the claimant's long-standing symptoms of neurogenic thoracic outlet syndrome. Medical necessity for the requested treatments is not established. The requested treatments are not medically necessary.