

Case Number:	CM14-0131341		
Date Assigned:	08/22/2014	Date of Injury:	07/08/2010
Decision Date:	10/29/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/18/2014

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 56 year old female who was injured on 07/08/2010 when she injured her shoulder. Diagnostic studies reviewed include MR angiogram of bilateral upper extremities dated 07/16/2013 revealed concave right sided scoliosis of the cervical and thoracic spine from C4 to T6. Supplemental report dated 06/02/2014 states the patient presented to the office with persistent neck, shoulder, and left upper extremity pain complaints. Doppler ultrasound of the brachial plexus revealed marked reduction of blood flow with left arm elevation and reduction of the contra-lateral normal right side. There is also prominent edema, thickening, and fibrosis of the anterior and middle scalene compared to the right, possible compromise of the brachial plexus with edema of the nerve trunk. On 07/28/2014, the patient reported an increase in her pain since her Nucynta had been decreased. Objective findings on exam revealed persistent left scalene and left pectoralis minor tenderness and positive left costoclavicular abduction test and Roos test. The patient was diagnosed with left TOS with associated vascular headaches, vertebrobasilar artery insufficiency and dizziness. She has been recommended for repeat angiogram and venogram. Prior utilization review dated 07/19/2014 states the request for Repeat angiogram and venogram with possible percutaneous transluminal angioplasty of head, neck and arm vessels (artery x-rays arm/leg) is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat angiogram and venogram with possible percutaneous transluminal angioplasty of head, neck and arm vessels (artery x-rays arm/leg): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.acr.org/~media/F0575FCF59B54122891DB6255AFF921A.pdf>
NATIONALLY ACCEPTED MEDICAL LITERATURE Thompson RW, Driskill M. Thoracic Outlet Syndrome: Neurogenic, Chapter 123, In Rutherford's Vascular Surgery (Eds: Cronenwett and Johnstone), Elsevier, 2010, p 1878-1898.

Decision rationale: The prior medical review of this case did not consider the abnormal MRI imaging and angiography performed in 2013 - this provocative MRI testing demonstrated compression of the LEFT subclavian artery and vein, as well as compression of the brachial plexus. The neurosurgeon who reviewed this case and denied approval for an angiogram and venogram - recommended additional MRI imaging studies. This is not necessary in this case since the patient's symptoms and signs have not improved and physical exam and vascular lab testing indicates left subclavian artery compression. The request of [REDACTED] for diagnostic angiography and venography of the left upper extremity is appropriate, and medically necessary based on the prior abnormal MRI studies, and his physical examination. The requested medical services, i.e. diagnostic vascular imaging studies, are medically necessary based on clinical practice guidelines published in the vascular surgery literature. The Rutherford's Vascular Surgery textbook - chapter on neurogenic thoracic outlet syndrome (TOS), provided clinical guidelines and recommends evaluation by a surgical specialist such as vascular surgeon for a patient like Ms. Shackford. with symptoms and signs of neurogenic thoracic outlet syndrome (TOS). The criteria I used in formulating my review of this case included documentation of work-related repetitive injury incurred in 2010, arm pain and abnormal nerve conduction studies in ulnar nerve distribution, and an absence of left cervical C7-C8 nerve root compression on MRI, and current patient condition and physical findings.. The medical records document left arm pain consistent with neurogenic TOS, abnormal vascular exam, and abnormal MRI imaging. This patient has a high likelihood of neurogenic TOS and because of the prior abnormal vascular imaging - additional artery and vein imaging as indicated by [REDACTED] is appropriate and medically necessary prior to consideration of surgical decompression. Based on the my professional experience and review of the medical records, including the criteria used for the original denial of services, the clinical documentation stated above indicates a diagnosis of TOS, and the request is medically necessary.