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| Case Number: | CM13-0023830 | | |
| Date Assigned: | 11/15/2013 | Date of Injury: | 12/10/1999 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 09/04/2013 |
| Priority: | Standard | Application Received: | 09/12/2013 |

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 Internal Medicine, and is licensed to practice in New York. 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 injured worker is a 53 year old female who has reported widespread pain, as well as upper extremity, head, and neck symptoms after an injury on 12/10/1999. Her diagnoses have included Thoracic Outlet Syndrome and Complex Regional Pain Syndrome. Prior treatment has included a remote history of scalenectomy and thoracic outlet syndrome decompression. Recent reports are of widespread pain throughout the upper body as well as the lower extremities. Per the report of 07/22/2013, she reports pain and paresthesias in her head, neck, left shoulder, arm, hand, and fingers. She reports color changes and coldness in the left upper extremity. She is not working. She had a stellate ganglion block in March of 2013. The EAST test was positive bilaterally. She was noted to have dilated neck veins bilaterally with arms elevated. There were no neurological deficits. The diagnosis was recurrent thoracic outlet syndrome with central venous compression. She was recommended to have a venogram and percutaneous transluminal angioplasty of the head, neck, and arm vessels. This request was denied by the Claims Administrator on 09/04/2013 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venogram with Percutaneous Transluminal Angioplasty of Brachial Cephalic Vessels which include Head, Neck and Arms with the 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), Surgery

for TOS (Thoracic Outlet Syndrome) Shoulder, Venous TOS(http://surgerydept.wustl.edu/TOS_VENOUS.aspx) and (<http://www.ncbi.nlm.nih.gov/pubmed/10193614>)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, and on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013- Thoracic Outlet Syndrome

Decision rationale: The references cited above discuss the multiple possible etiologies, tests, and treatments for thoracic outlet syndrome. The history and physical findings suggest the possibility of thoracic outlet syndrome in this particular injured worker, although they are not diagnostic and not all of the signs and symptoms can be accounted for by thoracic outlet syndrome. The ACOEM Guidelines suggest imaging and electrodiagnostic testing if there is progressive weakness, atrophy, and neurologic dysfunction. Recommended tests include EMG-guided scalene block, electrodiagnostic testing, and MRA. The other cited references included venography as a diagnostic option. This injured worker does meet the criteria for thoracic outlet syndrome per the ACOEM Guidelines. The need for angioplasty at multiple sites is not confirmed by the information present in the medical records. The requested venogram may be medically necessary but the request to Independent Medical Review was for both a venogram and angioplasty at multiple sites. Any treatment, including angioplasties, would depend on the test results. The request for both a venogram and multiple angioplasties is therefore not medically necessary.

Associated surgical service: Preoperative Laboratory Work to include History & Physical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Chest Xray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.