

Case Number:	CM15-0068733		
Date Assigned:	04/16/2015	Date of Injury:	10/11/2011
Decision Date:	06/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/10/2015

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: Oregon, California
 Certification(s)/Specialty: Neurological Surgery

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 37-year-old female who reported an injury on 10/11/2011. The mechanism of injury was not specifically stated. The current diagnosis is probable thoracic outlet syndrome. The injured worker presented on 03/10/2015 for an evaluation of possible thoracic outlet syndrome. The injured worker reported bilateral upper extremities pain, as well as headaches, neck pain, shoulder pain, and right arm and hand pain. The injured worker reported bilateral numbness of the hands and fingers with tingling, color change, and a cold sensation in the hand and fingers. Prior conservative treatment includes physical therapy and chiropractic therapy. Upon examination, AER and EAST tests were positive bilaterally, there was dilation of the neck veins bilaterally with the arms elevated, there was mild Erb's point tenderness, negative Tinel's and Phalen's signs, normal motor and sensory examination of the ulnar and median nerve distributions, and negative general and vascular examination otherwise. Treatment recommendations included angiogram and venogram with possible percutaneous transluminal angioplasty of the head, neck, and arm vessels to evaluate the precise site and severity of thoracic outlet syndrome compression. A Request for Authorization form was then submitted on 03/10/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Angiogram/venogram with possible percutaneous transluminal angioplasty of the head, neck and arm vessels for the evaluation of TOS (thoracic outlet syndrome): 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 U.S. National Library of Medicine.

Decision rationale: The California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. The Official Disability Guidelines do not specifically address the requested service According to the U.S. National Library of Medicine; extremity angiography is used to evaluate the arteries of the hands, arms, feet, or legs. The physician may order this test if there are symptoms of a narrowed or blocked blood vessel in the arm, hands, legs, or feet. In this case, the injured worker underwent an EMG/NCS on 06/20/2013, which revealed negative findings for brachial plexopathy, peripheral neuropathy, or spinal radicular pathology. According to an Agreed Medical Evaluation report on 07/24/2013, the injured worker underwent a neurological evaluation, where it was determined the injured worker did not have thoracic outlet syndrome. The current request is for additional diagnostic testing for the purpose of determining whether the injured worker has thoracic outlet syndrome. However, according to the documentation provided, it has already been determined that the injured worker does not have thoracic outlet syndrome and the matter has been resolved. Additional testing or treatment directed towards thoracic outlet syndrome cannot be determined as medically appropriate in this case. As such, the request is not medically necessary.

Preoperative medical clearance: 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.