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## Independent Medical Review Final Determination Letter

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/27/2013

<b>IMR Case Number:</b>	CM13-0008403	<b>Date of Injury:</b>	8/22/2012
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	7/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	8/6/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	None Listed		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>	Venogram, 1 pre-op lab work, 1 H&P, 1 EKG, 1 Chest X-Ray, 1 Anesthesiologist		

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine 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 physician 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.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 51 year old male with diagnoses of cervical spine strain and left upper extremity radiculitis secondary cervical spine degenerative disc disease/osteoarthritis and a positive EMG study confirming brachial plexus neuropathy. On exam, patient with decreased range of motion of his cervical spine and positive Compression test provoking left upper extremity radiculopathy with both motor and sensory deficits. The claimant underwent conservative therapy with acupuncture which resulted in some initial mild improvement but then eventual recurrence of pain and neuro deficits. In consideration of patient's chronic symptoms consistent with Thoracic Outlet Syndrome, Surgery was presented as next best therapeutic step. Request is to determine whether one preoperative venogram with percutaneous transluminal angioplasty of brachial cephalic vessels, preop lab work, one H&P, one chest xray and one anesthesiologist is medically necessary.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. Venogram with percutaneous transluminal angioplasty of brachial cephalic vessels is medically necessary and appropriate.**

The Claims Administrator based its decision on the National Guideline Clearinghouse, which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Shoulder Surgery for Thoracic Outlet Syndrome, pg. 1392-1393, which is not a part of the MTUS.

The Physician Reviewer's decision rationale:

After a review of the medical records provided, the employee has diagnoses of cervical spine strain and left upper extremity radiculitis secondary cervical spine degenerative disc disease/osteoarthritis and a positive EMG study confirming brachial plexus neuropathy. On exam, employee presents decreased range of motion of his cervical spine and positive Compression test provoking left upper extremity radiculopathy with both motor and sensory deficits. The employee underwent conservative therapy with acupuncture which resulted in some initial mild improvement but then eventual recurrence of pain and neuro deficits. In consideration of patient's chronic symptoms consistent with Thoracic Outlet Syndrome, Surgery was presented as next best therapeutic step. Request is to determine whether one preoperative venogram with percutaneous transluminal angioplasty of brachial cephalic vessels is medically necessary.

Since this employee has demonstrated symptoms of persistent Thoracic Outlet Syndrome with failure to respond to conservative therapy, the employee will benefit from corrective surgery. Cited ODG guidelines indicate that abnormal arteriogram or venogram is central to the diagnosis of Vascular Thoracic Outlet Syndrome.

## **2. Pre-operative lab work is medically necessary and appropriate.**

The Claims Administrator did not provide any evidence-based guidelines for its decision.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on National Institute of Clinical Excellence: Preoperative tests: the use of routine preoperative tests for elective surgery, June 2003, which is not a part of the MTUS.

The Physician Reviewer's decision rationale:

Cited guidelines indicate that preoperative lab work is indicated in helping to ascertain any potential perioperative complications a patient may be at increased risk of developing. This is critical in risk stratifying patients appropriately

## **3. History and physical is medically necessary and appropriate.**

The Claims Administrator did not provide any evidence-based guidelines for its decision.

The Expert Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), pg. 199-200, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

Cited guidelines indicate that preoperative H&P is indicated in helping to ascertain patient's range of motion, functional status and any potential perioperative complications a patient may be at increased risk of developing. This is critical in risk stratifying patients appropriately.

## **4. EKG is medically necessary and appropriate.**

The Claims Administrator did not provide any evidence-based guidelines for its decision.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on National Institute of Clinical Excellence: Preoperative tests: the use of routine preoperative tests for elective surgery, June 2003, which is not a part of the MTUS.

The Physician Reviewer's decision rationale:

Cited guidelines indicate that preoperative ECG is indicated in helping to ascertain any potential perioperative complications a patient may be at increased risk of developing. This is critical in risk stratifying patients appropriately.

**5. Chest X-ray is medically necessary and appropriate.**

The Claims Administrator did not provide any evidence-based guidelines for its decision.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on National Institute of Clinical Excellence: Preoperative tests: the use of routine preoperative tests for elective surgery, June 2003, which is not a part of the MTUS.

The Physician Reviewer's decision rationale:

Cited guidelines indicate that preoperative CXR is indicated in helping to ascertain any potential perioperative complications a patient may be at increased risk of developing. This is critical in risk stratifying patients appropriately.

**6. Anesthesiologist is medically necessary and appropriate.**

The Claims Administrator did not provide any evidence-based guidelines for its decision.

The Expert Reviewer based his/her decision on Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), pg.209, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Cited guidelines indicate that surgical consultation is indicated for any patient with activity limitation for more than 4 months plus has evidence of a surgical lesion (via venogram or arthrogram as previously addressed). After a review of the records provided and given that surgery for persistent symptoms of Thoracic Outlet Syndrome is deemed medically necessary, the request for an anesthesiologist would be consistent with guidelines.

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and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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