

Case Number:	CM13-0045395		
Date Assigned:	12/27/2013	Date of Injury:	08/16/2007
Decision Date:	03/18/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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. 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:

This 57-year-old female sustained injury on 05/02/2002. She had a spirometry study done on 07/29/2012 that showed pre-bronchodilator, FVC of 80% predicted, FEV1 of 82% predicted, and FEV1/FVC of 103% predicted; and post-bronchodilator FVC of 72% predicted, FEV1 of 73% predicted, and FEV1/FVC of 102% predicted. A note dated 12/03/2013 indicates that the mechanism of injury reported as she was opening the door and someone pushed her from behind. She fell forward and injured her arms and legs. She was diagnosed with diabetes in 2005, hypertension, and asthma in 2009. Her present complaints were occasional palpitations and chest pain, constant moderate back, neck, shoulder, and stomach pain, emotional stress, and numbness in hands and feet. Her medications list includes Naprosyn, ProAir, Spiriva, meclizine, metformin 1 g, Onglyza, glimepiride, gabapentin, omeprazole, Travatan, Restasis, Tylenol, and benazepril. On physical exam, she was using cane. Skin, HEENT, chest, heart, abdomen, extremities, and neurological exam were within normal limits. Her diagnoses were musculoskeletal injuries, emotional stress, hypertension, diabetes mellitus, palpitations, rule out coronary artery disease, and rule out diabetic peripheral neuropathy. The current review is for decision for a pletysmography, decision for 24 hour blood pressure monitor, decision for a 24 hour Holter monitor, decision for kidney and aortic ultrasound, decision for carotid Doppler, decision for an echocardiogram, decision for urine dipstick, decision for a complete blood count/SMA-19/sed rate, diabetes panel and thyroid panel, and decision for NCV CPT neurotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

plethysmography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Acceptable Criteria, plethysmographic, Category I-Covered 20.14 - Plethysmography (Rev. 1, 10-03-03), Formerly CIM 50-6; 2) United Healthcare Medicare Reimbursement Policy Committee, policy number 20.14 and Aetna Clinical Policy Bulletin: Total Body Pleth

Decision rationale: The CA MTUS and ODG do not address the request for Plethysmography; other reputable guidelines do address this type of testing and indicate its use for specific instances only. There is no discussion provided of respiratory symptoms or reasoning for plethysmography. In order to approve the study further information regarding respiratory symptoms and clear indication which fits within guidelines is required.

24 hour blood pressure monitor: 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 Crespo et al (2013). Ambulatory blood pressure monitoring recommendations for the diagnosis of adult hypertension, assessment of cardiovascular and other hypertension-associated risk, and attainment of therapeutic goals. Chronobiol Int., 30, 355-410.

Decision rationale: There is inadequate justification and documentation of why a home monitor is necessary. The patient's blood pressures were noted to be well controlled and can continue treatment through her primary physician.

24 hour Holter monitor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zimetbaum & Goldman (2010). Ambulatory Arrhythmia Monitoring, Choosing the Right Device, American Heart Association, 122, 1629-1636.

Decision rationale: There was inadequate information to discuss the reasoning and indication for holter monitor. The patient did have palpitations but no further information or discussion of EKG results and symptoms were provided. There is no indication the patient has symptoms often enough that a 24 hour monitor will be useful.

Kidney and Aortic Ultrasound: 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 Acr-Aium-Sru Practice Guideline for the Performance of Diagnostic and Screening Ultrasound, Revised 2010 (Resolution 34).

Decision rationale: The documentation lacks discussion or indication of kidney and aortic ultrasound. In order to justify the imaging studies clear indications within guidelines must be provided; there are no guidelines to apply to a request that is not clear of the indications.

Carotid Doppler: 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 Aetna Clinical Policy, Number 0353

Decision rationale: As above, a lack of documentation with clear indication for the study is not provided. (i.e. abnormal renal function testing, screening for abdominal aortic aneurysm in men). Therefore it is not approved

Echocardiogram: 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 Connolly et al. (2011). Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine. 9th Ed. Philadelphia, PA. Chap 15.

Decision rationale: There was inadequate discussion to show indication for a TEE for this individual. The request is not within standard guidelines.

Urine Dipstick: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kashif et al. (2003). Proteinuria: how to evaluate an important finding. Cleveland Clinic Journal of Medicine, 70, 535-537.

Decision rationale: Although screening for urine protein in diabetes is indicated. There is no discussion of previous screening and the results of any such study. Additionally, the patient is on an ace inhibitor so it is not clear how urine dipstick testing would change management.

Complete Blood Count/SMA-19/sed Rate, Diabetes Panel and Thyroid Panel: 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 American Diabetes Association (2013). Standards of Medical Care in Diabetes, Diabetes Care, 36, S11-S66.

Decision rationale: Inadequate documentation to justify the above blood tests. There was no discussion of the previous diabetic panels and when they were last performed. The patient had a previous normal TSH and there is inadequate discussion to justify another screening test. Similarly there was inadequate documentation for the other blood tests which fit within current guidelines.

NCV CPT neurotomy: 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 American Association of Electrodiagnostic Medicine, American Academy Of Neurology, and American Academy Of Physical Medicine and Rehabilitation (2002), American Association of Electrodiagnostic Medicine Muscle Nerve, 25, 918922.

Decision rationale: The patient does have chronic pain. But there was inadequate discussion of conservative measures tried thus far, imaging with discussion, and indication for the procedure.