

<b>Case Number:</b>	CM14-0000066		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	02/29/2004
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Geriatrics, 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 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:

The injured worker is a 52-year-old with a date of injury of 2/29/04. At issue in this review is the request for an arterial study of the lower extremity after a visit with the physician on 12/13/13. That visit is not included in the records for review. The note from the primary treating physician is in June 2013 documents radicular neck pain, right shoulder pain, left wrist pain, right index finger pain and radicular low back pain. The physical exam does not document a vascular exam. The patient's diagnoses included cervical spine HNP (herniated nucleus pulposus), shoulder internal derangement, impingement and rotator cuff tear - right, bilateral wrist sprain/strain, right index finger pain and lumbar spine HNP. The primary treating physician note of 1/18/13 notes that vascular pulses are 2+ and symmetric in the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **AN ARTERIAL STUDY OF THE LOWER EXTREMETIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website UpToDate

**Decision rationale:** In this injured worker, the available records document normal and symmetric pulses in the lower extremities. The records do not document symptoms of peripheral vascular disease by history such as claudication or physical exam findings such as ulceration, skin temperature changes, or absence of pulses. The medical records do not support medical necessity of an arterial study of the lower extremity. The request for an arterial study of the lower extremities is not medically necessary or appropriate.