

Case Number:	CM14-0107103		
Date Assigned:	08/01/2014	Date of Injury:	05/21/2009
Decision Date:	09/09/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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 patient is a 55-year-old with date of injury May 21, 2009. The treating physician report dated February 13, 2014 indicates that the patient presents with a history of hypertension, dyslipidemia and previous pulmonary emboli. Current medications include Fenofibrate, Omega-3, Cardizem CD, Niacin and Simvastatin. Examination findings reveal blood pressure is 110/74, pulse 70 and regular, normal sinus rhythm, bilateral bruits of the carotids, clear lungs, systolic murmur, S4 gallop sound with pulses intact. The current diagnoses are Previous Pulmonary Emboli, Hypertriglyceridemia, Hypertension, and Mild Obesity. The utilization review report dated June 17, 2014 denied the request for venous and arterial scan of lower extremity based on the rationale that no current documentation was provided to substantiate the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venous and Arterial Scan of Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ncbi.nlm.nih.gov/pubmed/1411886.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Colorado Workers' Compensation Guidelines Online; Lower Extremity Injury Medical Treatment Guidelines page 13.

Decision rationale: The patient presents with previous pulmonary emboli and no current complaints. The current request is for Venous and Arterial Scan of Lower Extremity. There are two treating physician reports found in the medical records provided. The first is dated January 9, 2014 and there is no documentation of any complaints as the treater states, "Patient is a 66-year-old who is feeling quite good with history of hypertension, dyslipidemia and previous pulmonary emboli." There is no mention of any change in the patient's condition or request for any testing. The February 13, 2014 report states, "Some non-invasive testing will be done since it has not been done in over a year to assess his cardiovascular condition. The MTUS and ODG guidelines do not address venous and arterial scans of the lower extremity. The treating physician has failed to document exactly what is being requested. The treater stated, non-invasive testing and CPT codes of 93970 and 93925 (ultrasound extremities of veins and arteries) were documented. In researching guidelines regarding venous and arterial dopplar ultrasound scans there was supporting literature for this procedure when considering more invasive venogram and arteriogram procedures. In this case the treating physician has failed to document any changes in the patient's condition to warrant additional diagnostic testing. The reports reviewed state that the patient is feeling good and the only rationale provided for theses scans is because they have not been done in over a year. The current request does not indicate that the scans requested are being ordered prior to more invasive procedures as the Colorado Lower Extremity Injury Medical Treatment Guidelines recommend. The request for a venous and arterial scan of the lower extremity is not medically necessary or appropriate.