

Case Number:	CM14-0020394		
Date Assigned:	04/25/2014	Date of Injury:	08/14/2009
Decision Date:	07/07/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/18/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 64-year-old male with a reported date of injury on 08/14/2009. The mechanism of injury was not provided in the clinical notes available for review. According to clinical note, dated 09/05/2013 the injured worker complained of diffuse general low back stiffness without radicular pain and stated that his hips have improved since surgery. The injured worker's diagnoses included chronic lumbosacral strain with lumbar degenerative disc disease, chronic hip strain with aggravation of osteoarthritis and status post bilateral hip arthroplasties. The injured worker's medication regimen included pantoprazole, Doxazosin and Lexapro. The request for authorization for venous and arterial scan of lower extremities, Holter monitor, ankle brachial pressure index, and echocardiogram was submitted on 02/13/2014.

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 EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Venous Thrombosis.

Decision rationale: The Official Disability Guidelines recommend identifying injured workers who are at a high risk of developing venous thrombosis and providing prophylactic measures. Risk factors for venous thrombosis include immobility, surgery and prothrombotic genetic variants. The clinical documents provided lack documentation of high blood pressure, immobility or other clear risk factors of Venous Thrombosis. Therefore, the request for venous and arterial scan of the lower extremities is not medically necessary.

HOLTER MONITOR: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J. Hodgkinson et al, (2011). Relative Effectiveness of Clinic and Home Blood Pressure Monitoring Compared with Ambulatory Blood Pressure Monitoring in Diagnosis of Hypertension: Systemic Review. BMJ. Online publication. (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3122300/>).

Decision rationale: The clinical documentation provided lacks clinical history of high blood pressure, complaints of chest pains or shortness of breath. Based on the clinical documentation provided for review the rationale for request of the Holter Monitor is unclear. Therefore, the request for Holter Monitor is not medically necessary.

ANKLE BRACHIAL PRESSURE INDEX: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guideline.gov/content.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous Thrombosis.

Decision rationale: The Official Disability Guidelines recommend identifying injured workers who are at a high risk of developing venous thrombosis and providing prophylactic measures. Risk factors for venous thrombosis include immobility, surgery and prothrombotic genetic variants. The clinical documents provided lack documentation of high blood pressure, immobility or other clear risk factors of Venous Thrombosis. Therefore, the request for ankle brachial pressure index is not medically necessary.

ECHOCARDOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guideline.gov/content.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J. Hodgkinson et al, (2011). Relative Effectiveness of Clinic and Home Blood Pressure Monitoring Compared with Ambulatory Blood Pressure Monitoring in Diagnosis of Hypertension: Systemic Review. BMJ. Online publication. (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3122300/>).

Decision rationale: The clinical documentation provided lacks clinical history of high blood pressure, complaints of chest pains or shortness of breath. Based on the clinical documentation provided for the review the rationale for request of the echocardiogram is unclear. Therefore, the request for echocardiogram is not medically necessary.