

Case Number:	CM14-0046723		
Date Assigned:	07/02/2014	Date of Injury:	11/26/1995
Decision Date:	08/28/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 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:

This is a 70-year-old male patient with an 11/26/1995 date of injury. The exact mechanism of injury has not been described. A cardiology recheck dated on 3/28/14 indicated that the patient had left lower extremity claudication. He has a very active lifestyle. Over the last year he noticed substantial drop in his ability to ambulate secondary to severe left lower extremity calf claudication. A screening for ABI confirmed clinical suspicion for PAD with a left ABI of 0.64/0.68. The patient referred to angiography and possible mechanical revascularization. He had risk factors for cardiovascular disease, including hypertension, hyperlipidemia, and smoking (counseled to quit). Physical exam revealed diminished pulse in the left lower extremity. Cardiovascular exam was within normal ranges. The provider's impression in regards to this case indicated that the patient had left lower extremity claudication, and due to patient's symptoms it was extremely unlikely that conservative management will sufficiently abate his symptoms. In the lower extremity duplex/doppler measurements it was demonstrated 75% stenosis in the distal left common/proximal external iliac arteries, 70% stenosis in the distal right SFA and severe aortoiliac disease. Treatment to date: medication management. There is documentation of a previous 4/4/14 adverse determination, was modified to have only an aortogram and peripheral artery angiography. Percutaneous revascularization was not certified, based on the fact that all non-invasive treatments had not been tried.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aortogram and lower extremity angiography with possible percutaneous revascularization-outpatient procedure: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Cardiology Foundation/American Heart Association (ACCF/AHA) Practice Guidelines, Management of Patients with Peripheral Artery Disease (Compilation of 2005 and 2011 ACCF/AHA Guidelines Recommendation

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: <http://circ.ahajournals.org/content/127/13/1425.full> Management of Patients With Peripheral Artery Disease (Compilation of 2005 and 2011 ACCF/AHA Guideline Recommen

Decision rationale: CA MTUS does not address this issue. Claudication; Class I: Patients with symptoms of intermittent claudication should undergo a vascular physical examination, including measurement of the ABI. Continuous-wave Doppler ultrasound blood flow measurements are useful to provide an accurate assessment of lower extremity PAD location and severity, to follow lower extremity PAD progression, and to provide quantitative follow-up after revascularization procedures. Duplex ultrasound of the extremities is useful to diagnose anatomic location and degree of stenosis of PAD. A program of supervised exercise training is recommended as an initial treatment modality for patients with intermittent claudication. The patient presented with the left lower extremity claudication. However, Doppler/Duplex measurement revealed 75% stenosis in the distal left common/proximal external iliac arteries, 70% stenosis in the distal right SFA and severe aortoiliac disease. This patient is 70-years-old with multiple comorbidities, including hypertension and tobacco use. He is having ongoing symptoms concerning for vascular compromise, such as claudication and decreased pulses in the lower extremity. In addition, the provider noted that due to patient's symptoms it was extremely unlikely that conservative management will sufficiently abate his symptoms. Therefore, the request for Aortogram and lower extremity angiography with possible percutaneous revascularization-outpatient procedure was medically necessary.