

Case Number:	CM15-0007365		
Date Assigned:	01/26/2015	Date of Injury:	06/18/2009
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 65 year old male with an industrial injury dated June 18, 2009. The injured worker diagnoses include actinic keratoses and multiple nonmelanoma skin cancers. He has been treated with radiographic imaging, diagnostic studies, prescribed medications, consultation, and periodic follow up visits. According to the treating physician report dated 6/9/14, objective findings revealed 8 to 4 millimeter hyperkeratotic macules at the scalp, dorsal forearms and dorsal hands, unchanged areas of granuloma, and minimal scale at the left earlobe. There were no recent treating physician reports submitted for review. The treating physician prescribed holter monitor and venous & arterial scan of lower extremities. Utilization Review (UR) determination on December 17, 2014 denied the request for a holter monitor and venous & arterial scan of lower extremities, citing Non-MTUS Guidelines

IMR ISSUES, DECISIONS AND RATIONALES

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

Holter Monitor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Can Fam Physician. Apr 1987: 33, Holter Monitoring Ermad Guirguis Abstract

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

http://www.hopkinsmedicine.org/healthlibrary/test_procedures/cardiovascular/holter_monitor_92,p07976/

Decision rationale: Pursuant to Johns Hopkins Medicine, Holter monitor is not medically necessary. Holter monitor, also known as an event monitor, is indicated to evaluate chest pain not produced with exercise testing, other possible heart related symptoms such as fatigue, shortness of breath, dizziness or fainting; to identify irregular heartbeats or palpitations; to assess risk for future heart related events in certain conditions such as idiopathic hypertrophic cardiomyopathy or Wolff-Parkinson-White syndrome; to assess the function of an implanted pacemaker; and to determine the effectiveness of therapy for complex arrhythmias. In this case, the injured worker's working diagnoses are skin cancer, dyslipidemia, kidney stones and diabetes mellitus. The most recent progress note in the medical record is from the requesting cardiologist dated October 10, 2014. An EKG was performed on June 4, 2014, August 8, 2014 and October 10, 2014. EKG showed a normal sinus rhythm, sinus bradycardia with a heart rate of 54 on June 4, 2014. The EKGs were otherwise normal. The work related injury appears to be skin cancer. Subjectively, the injured worker complains of an inability to lose weight along with a reiteration of diabetes, hypertension and dyslipidemia. Objectively vital signs are normal, and EKG shows normal sinus rhythm with decay in R waves from V2 to V3. Carotid examination showed bilateral bruits, lungs were clear and the heart exam showed a systolic murmur. The documentation did not establish a causal relationship between the medical problems enumerated and the work injury. The documentation did not contain a clinical rationale or indication for a Holter monitor. Moreover, the documentation did not contain any discussion of a Holter monitor. Consequently, absent a clinical indication/rationale for a Holter Monitor and a causal relationship between cardiac related events and the work injury, Holter monitor is not medically necessary.

Venous & 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 Dermatol Surg. 1995 Apr;21(4): 324-6. Duplex ultrasound scanning for diagnostic lower limb deep vein thrombosis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

http://www.hopkinsmedicine.org/healthlibrary/test_procedures/cardiovascular/vascular_studies_92,p07991/ <http://www.nlm.nih.gov/medlineplus/ency/article/003433.htm>

Decision rationale: Pursuant to Medline plus, arterial/venous scans of the lower extremity are not medically necessary. A duplex ultrasound can show how blood flows to many parts of the body. It can measure the width of a blood vessel and reveal blockages. A duplex ultrasound may help diagnose abdominal aneurysms, arterial occlusion, blood clots, carotid occlusive disease, renal vascular disease, varicose veins and venous insufficiency. In this case, the injured worker's working diagnoses are skin cancer, dyslipidemia, kidney stones and diabetes mellitus. The most

recent progress note in the medical record is from the requesting cardiologist dated October 10, 2014. An EKG was performed on June 4, 2014, August 8, 2014 and October 10, 2014. EKG showed a normal sinus rhythm, sinus bradycardia with a heart rate of 54 on June 4, 2014. The EKGs were otherwise normal. The work related injury appears to be skin cancer. Subjectively, the injured worker complains of an inability to lose weight along with a reiteration of diabetes, hypertension and dyslipidemia. Objectively vital signs are normal, and EKG shows normal sinus rhythm with decay in R waves from V2 to V3. Carotid examination showed bilateral bruits, lungs were clear and the heart exam showed a systolic murmur. The documentation did not establish a causal relationship between the medical problems enumerated and the work injury. The documentation did not contain a clinical rationale or indication for an arterial/venous scan of the lower extremity. Moreover, the documentation is not contain any discussion of an arterial/venous scan. Consequently, absent a clinical indication/rationale for an arterial/venous scan and a causal relationship between cardiac related events and the work injury, arterial/venous scan is not medically necessary.