

<b>Case Number:</b>	CM15-0163448		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	12/28/2013
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 50 year old male who sustained an injury on 12-28-13. The medical record available for this review is dated 5-21-15 reports the IW retired in January 2014 due to back problems and had a fusion of L3, 4 and 5. He has a history of hypertension for 2-3 years and a history of atrial fibrillation with 24 bouts of atrial fibrillation over the last 2 years and usually occurs at night. He has had 2 inguinal hernias; right shoulder pain and states he thinks he has a rotator cuff injury. The physical examination reveals ejection systolic murmur grade 1, 6; normal first and normal second sound; no diastolic murmurs; no heaves, rubs, lifts, thrusts or snaps. Diagnoses are hypertension; paroxysmal atrial fibrillation; abdominal hernia; umbilical hernia; inguinal hernia; rule out rotator cuff of right shoulder. The plan was possibility of an ablation for his atrial fibrillation and was noted that the IW is relatively stable. Current requested treatments ECG; EKG; Carotid ultrasound; venous scan of lower extremities; arterial scan of the lower extremities; holter monitor; stress test; abdominal scan; ankle-brachial index test per 5-26-15 orders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ECG, per 5/26/15 order: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Potential Yield of ECG Screening for Hypertensive Patients: the Utrecht Health Project (<http://www.ncbi.nlm.nih.gov/pubmed/20574251>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) diabetes, hypertension.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of an EKG for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. The Occupational Disability Guidelines (ODG) states that "EKGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary." The medical records reflect that this patient does not have any active symptomatology consistent with acute coronary ischemia. The patient was not noted to have signs and symptoms of unstable angina in his most recent clinical encounters. In this clinical situation, an EKG is not warranted. Therefore, based on the submitted medical documentation, the request for ECG testing is not-medically necessary.

**EKG, per 5/26/15 order:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Potential Yield of ECG Screening for Hypertensive Patients: the Utrecht Health Project (<http://www.ncbi.nlm.nih.gov/pubmed/20574251>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) diabetes, hypertension.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of an ECG for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. The Occupational Disability Guidelines (ODG) states that "ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary." The medical records reflect that this patient does not have any active symptomatology consistent with acute coronary ischemia. The patient was not noted to have signs and symptoms of unstable angina in his most recent clinical encounters. In this clinical situation, an ECG is not warranted. Therefore, based on the submitted medical documentation, the request for ECG testing is not-medically necessary.

**Carotid ultrasound, per 5/26/15 order:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carotid Ultrasound Screening for Coronary Heart Disease (<http://www.ncbi.nlm.nih.gov/pubmed/19805756>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back , Ultrasound, Diagnostic.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of this test. Per the Official Disability Guidelines (ODG), ultrasound of the neck is not recommended for neck pain. An ultrasound of the carotid arteries can demonstrate atherosclerotic stenosis or ulceration within the common and internal carotids. An ultrasound is indicated for patients with recent transient ischemic attacks, recent cerebrovascular accidents and known peripheral atherosclerotic disease. The reason for this test is unclear. At the patient's most recent clinical encounter, peripheral pulses were documented as palpable and intact. The patient was not documented to have had a recent TIA or CVA. He also had no complaints of new neurological symptomatology. Therefore, based on the submitted medical documentation, the request for a carotid ultrasound is not-medically necessary.

**Venous scan of lower extremities, per 5/26/15 order:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Venous and Arterial Abnormalities of the Lower Extremities Diagnosed by Duplex Scanning (<http://www.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 Official Disability Guidelines (ODG) Ankle & Foot, Ultrasound, Diagnostic.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of this test. Per the Official Disability Guidelines (ODG), diagnostic venous ultrasound of the leg is indicated for suspicion of venous thrombosis. The clinical records submitted do not support the fact that this patient has suspicion for DVT. A positive Homan's sign (pain on compression of the calf) or a recent history concerning for venous thromboembolism is not documented in the patient's most recent clinical encounters. Therefore, based on the submitted medical documentation, the request for venous Doppler ultrasound is not-medically necessary.

**Arterial scan of the lower extremities, per 5/26/15 order:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Venous and Arterial Abnormalities of the Lower Extremities Diagnosed by Duplex Scanning (<http://www.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 Official Disability Guidelines (ODG) Ankle & Foot, Ultrasound, Diagnostic.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of this test. Per the Official Disability Guidelines (ODG), diagnostic arterial ultrasound of the leg is indicated for suspicion of limb threatening arterial insufficiency or thrombosis. The reason for this test is unclear. At the patient's most recent clinical encounter, peripheral pulses were documented as palpable and intact. Thus, clinical records submitted do not support the fact that this patient has evidence of limb threatening claudication indicative of arterial insufficiency. Therefore, based on the submitted medical documentation, the request for arterial Doppler ultrasound is not-medically necessary.

**Holter monitor, per 5/26/15 order:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Holter monitoring (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2218473>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Contemporary Reviews in Cardiovascular Medicine: Ambulatory Arrhythmia Monitoring, Zimetbaum, et al, Circulation. 2010; 122: 1629-1636.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this test for this patient. The California MTUS guidelines, the Official Disability Guidelines (ODG), and the ACOEM Guidelines do not address the topic of this test. Remote cardiac telemetry was developed to allow home ECG monitoring of patients with suspected cardiac arrhythmias. Per the American Heart Association guidelines for remote ambulatory cardiac monitoring, a Holter monitor is indicated for patients with suspected, but unconfirmed cardiac arrhythmias. The reason for this test is unclear. The clinical records reflect that this patient has had 24 episodes of atrial fibrillation. He has a clear and well-documented arrhythmia. There is no indication that a secondary, supraventricular arrhythmia is suspected to necessitate remote cardiac monitoring. Therefore, based on the submitted medical documentation, the request for Holter Monitor is not-medically necessary.

**Stress test, per 5/26/15 order:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Exercise Stress Testing, an Overview of Current Guidelines (<http://www.ncbi.nlm.nih.gov/pubmed/10368877>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diabetes, Hypertension Treatment.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of stress testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of stress tests. The Occupational Disability Guidelines (ODG) states that Cardiac stress tests are used to measure the heart's ability to respond to external stress in a controlled clinical environment. This test can be used to diagnose ischemic heart disease. Stress cardiac imaging is not recommended for asymptomatic, low-risk patients as part of their routine care. Unless high-risk markers are present, such as diabetes in patients aged over 40, peripheral artery disease, or a risk of coronary heart disease greater than 2 percent yearly, most health societies do not recommend the test as a routine procedure. The medical records reflect that this patient does not have signs or symptoms of unstable angina. The patient's prior EKGs have demonstrated atrial fibrillation but did not show active ischemic changes. In this clinical situation, a stress test is not warranted. Therefore, based on the submitted medical documentation, the request for stress testing is not-medically necessary.

**Abdominal scan, per 5/26/15 order:** 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), Hernia (online version), Imaging.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia, Imaging.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of this test. Per ODG, ultrasound is "Not recommended except in unusual situations. Imaging techniques such as MRI, CT scan, and ultrasound are unnecessary except in unusual situations. Clinically obvious hernias do not need ultrasound confirmation." This patient has been documented to have obvious hernias of the abdominal wall on physical exam. An ultrasound is not recommended in this situation because it is neither diagnostic nor therapeutic. Therefore, based on the submitted medical documentation, the request for an abdominal ultrasound is not-medically necessary.

**Ankle-Brachial Index Test, per 5/26/15 order:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sensitivity and Specificity of the Ankle-Brachial Index to Diagnose Peripheral Artery Disease: A Structured Review (<http://www.ncbi.nlm.nih.gov/pubmed/20926495>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AHA Releases Recommendations on Ankle-Brachial Index Measurement and Interpretation; Am Fam Physician. 2013 Dec 15; 88(12): 866-867.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this test for this patient. The California MTUS guidelines, Official Disability

Guidelines (ODG), and the ACOEM Guidelines do not address the topic of this test. Therefore, outside sources were sought. The Practice Guidelines of the American Heart Association state that an Ankle Brachial Index should be performed as a ratio of the systolic blood pressure at the ankle to the systolic blood pressure at the brachial artery. The test is performed to assess for atherosclerotic changes in the lower extremity causing distal arterial insufficiency. The reason for this test is unclear. At the patient's most recent clinical encounter, peripheral pulses were documented as palpable and intact. Thus, clinical records submitted do not support the fact that this patient has evidence of limb threatening claudication indicative of arterial insufficiency. Therefore, based on the submitted medical documentation, the request for an Ankle Brachial Index is not-medically necessary.