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| <b>Case Number:</b>   | CM15-0168089 |                              |            |
| <b>Date Assigned:</b> | 09/08/2015   | <b>Date of Injury:</b>       | 04/23/2009 |
| <b>Decision Date:</b> | 10/13/2015   | <b>UR Denial Date:</b>       | 08/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/26/2015 |

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 62-year-old male with an industrial injury dated 04-23-2009. His diagnoses included hypertension, hiatal hernia and cardiac arrhythmia. The progress note dated 08-11-2015 notes the injured worker has been taking Nexium on a daily basis and complained of reflux without it. Physical exam noted lungs were clear and abdomen soft. The note is difficult to decipher. The provider stopped Nexium and placed the injured worker on Zantac. His other medications were HCTZ, Micardis, Bystolic, Crestor and Ectorin. The treatment request is for Hemodynamic Study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hemodynamic Study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.cbcbsms.com](http://www.cbcbsms.com).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Impedance Plethysmography. [http://www.medscape.com/viewarticle/410882\\_2](http://www.medscape.com/viewarticle/410882_2).

**Decision rationale:** According to Medscape, "Impedance Plethysmography or occlusive-cuff impedance plethysmography (IPG) is an established noninvasive technique for detecting proximal vein (popliteal, femoral, and iliac veins) thrombosis in patients with a first episode of clinically suspected venous thrombosis. The technique measures blood volume changes in the leg as a change in electrical resistance (impedance). The IPG instrument delivers a weak constant current that passes through the calf and is detected by electrodes on the thigh. Changes in blood volume are produced by inflation of a thigh blood pressure cuff to a pressure that exceeds venous pressure but is less than arterial diastolic pressure (e.g., 50 mm Hg). Numerous investigations have reported the sensitivity and specificity of IPG in patients with clinically suspected deep vein thrombosis. Impedance plethysmography is both sensitive and specific for the diagnosis of proximal deep vein thrombosis in symptomatic patients when venography is the reference standard. In contrast, impedance plethysmography is not sensitive for the detection of proximal deep vein thrombi in asymptomatic high-risk patients such as patients who have recently undergone hip arthroplasty or stabilization of hip fracture." In this case, there is no clear evidence of suspicion of deep venous thrombosis or vascular problem. In addition, there is no justification for using Impedance Plethysmography instead of ultrasound and Doppler ultrasound a well-established technique to rule out deep venous thrombosis and arterial diseases. Therefore, the request for Hemodynamic Study is not medically necessary.