

Case Number:	CM15-0195522		
Date Assigned:	10/09/2015	Date of Injury:	08/14/2009
Decision Date:	12/04/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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 York

Certification(s)/Specialty: Anesthesiology

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 66 year old male, who sustained an industrial injury on August 14, 2009. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as carotid artery disease, aortic insufficiency and mitral insufficiency. Treatment to date has included dermatology evaluation and medication. On September 1, 2015, progress notes indicated the injured worker had scabs on the left side of his neck. He has basal cell carcinoma. His blood pressure was 130-60 and pulse 55 and regular. The lesions with scabs on the left side of his neck were noted to be secondary to the Aldara. A systolic murmur and diastolic murmur were noted. Notes stated that some noninvasive studies would be done as a yearly work-up. On September 23, 2015, utilization review denied an echocardiogram, carotid ultrasound, venous and arterial scan of lower extremities, stress test ABI and holter event monitor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: An echocardiogram is a sonogram of the heart. Echocardiography uses standard two-dimensional, three-dimensional, and Doppler ultrasound to create images of the heart. Echocardiography has become routinely used in the diagnosis, management, and follow-up of patients with any suspected or known heart diseases. It is one of the most widely used diagnostic tests in cardiology. It can provide information about the size and shape of the heart, pumping capacity, and the location and extent of any tissue damage. An echocardiogram can also give physicians other estimates of heart function such as a calculation of the cardiac output, ejection fraction (EF), and diastolic function. In this case, the patient had an echocardiogram on 10/18/14 which demonstrated LVH, mitral regurgitation, aortic insufficiency and a decreased left ventricular EF. There is no indication for a repeat echocardiogram at this time. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Carotid ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Carotid ultrasonography is an ultrasound-based diagnostic imaging technique to reveal structural details of the carotid arteries, so as to look for blood clots, atherosclerotic plaque buildup, and other blood flow problems. A carotid duplex is a carotid ultrasonography carried out by duplex ultrasonography. A duplex carotid ultrasound may include a Doppler ultrasound, a special test able to reveal the movement of blood cells through the carotid arteries. In this case the patient has a diagnosis of carotid artery disease but there is no specific indication for the requested carotid ultrasound. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Venous & Arterial scan of lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Ultrasonography of leg veins is a risk-free, non-invasive procedure that uses ultrasound technology to give information about the anatomy, physiology and pathology of both the superficial and the deep venous systems, (SVS) and (DVS). It is indicated mainly on the study of two pathologies: venous thrombosis and venous insufficiency. In chronic venous insufficiency (CVI), sonographic examination is of most benefit; in confirming varicose disease,

making an assessment of the hemodynamics, and charting the progression of the disease and its response to treatment. It has become the reference standard for examining the condition and hemodynamics of the lower limb veins. The Arterial Doppler ultrasound uses sound waves at a frequency that is higher than humans are able to hear to produce images on a monitor for the purpose of evaluating the arterial blood flow to the lower extremities. The arterial doppler study is able to demonstrate blocked or reduced blood flow through the major arteries of the arms and legs. In this case, there is no indication for the requested venous and arterial studies. Medical necessity for the requested studies has not been established. The requested studies are not medically necessary.

Stress test ABI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine (2014).

Decision rationale: The ankle-brachial pressure index (ABPI) or ankle-brachial index (ABI) is the ratio of the blood pressure at the ankle to the blood pressure in the upper arm (brachium). Compared to the arm, lower blood pressure in the leg is an indication of blocked arteries due to peripheral artery disease (PAD). The APBI is calculated by dividing the systolic blood pressure at the ankle by the systolic blood pressure in the arm. Treadmill tests (6 minute) are sometimes used to increase ABPI sensitivity, but this is unsuitable for patients who are obese or have co- morbidities such as an aortic aneurysm, and increases assessment duration. In this case, there is no indication for a stress ABI study. Medical necessity for the requested study has not been established. The requested study is not medically necessary.

Holter Event monitor: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: A Holter monitor is a portable device for continuously monitoring various electrical activity of the cardiovascular system for at least 24 hours (often for two weeks at a time). The Holter monitor's most common use is for monitoring heart activity (electrocardiography or ECG), but it can also be used for monitoring brain activity (electroencephalography or EEG) or arterial pressure. Its extended recording period is sometimes useful for observing occasional cardiac arrhythmias or epileptic events which would be difficult to identify in a shorter period of time. For patients having more transient symptoms, a cardiac event monitor which can be worn for a month or more can be used. In this case, there is no indication for the requested Holter monitor. Medical necessity for the requested study has not been established. The requested study is not medically necessary.