

Case Number:	CM15-0201668		
Date Assigned:	10/16/2015	Date of Injury:	05/22/2012
Decision Date:	12/01/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/13/2015

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: 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 59 year old male with an industrial injury date of 05-22 2012. Medical record review indicates he is being treated for hypertension, obesity and hypercholesterolemia. He presented on 09-15-2015 for follow up. The treating physician documented: "he is gaining weight." "I had a long talk with him about that." "I advised that he look up the drug Saxenda." Current medications (09-15-2015) were Simvastatin, HCTZ and Benicar 40-25. Objective findings (09-15-2015) are documented as: Pulse 61 and regular. Carotids - No bruits. Lungs - clear. Heart - Systolic murmur S 4 gallop sound, Extremities 1 plus edema. Diagnostics included Echocardiogram on 01-09-2014 showing: Normal left ventricular size and systolic function; Mild concentric left ventricular hypertrophy; Borderline enlarged left atrium; Aortic root is enlarged. Prior electrocardiograms (EKG) dated 03-12-2015, 04-09-2015 and 06-16-2015 were read as normal. On 10-06-2015, the following requests were non-certified by utilization review: Venous and arterial scan of lower extremities; Stress test; Holter monitor; ABI; Echocardiogram; EKG-event recorder; Carotid Scan;

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG/event recorder: 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 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 a normal cardiac echo and multiple normal EKGs. 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 Event Monitor is not medically necessary.

Echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2014 Evidence based guidelines for management of High Blood pressure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antman EM, Smith SC, Alpert JS, et al.

ACC/AHA/ASE 2003 Guideline Update for the Clinical Application of Echocardiography. ACC/AHA Practice Guidelines. Dallas, TX: American Heart Association; 2003. Available at: <http://www.americanheart.org/>. Gottdiener JS, Bednarz J, Devereix R, et al. American Society of Echocardiography recommendations for use of echocardiography in clinical trials. A report from the American Society of Echocardiography's Guidelines and Standards Committee and the Task Force on Echocardiography in Clinical Trials. American Society of Echocardiography Report. J Am Soc Echocardiography. 2004; 17(10):1086-1119.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of testing for this patient. The California MTUS guidelines, ACOEM Guidelines and the Occupational Disability Guidelines (ODG) do not address this topic. Echocardiography is an ultrasound technique for diagnosing cardiovascular disorders. Evidence-based guidelines from the American College of Cardiology, American Heart Association, and American Society of Echocardiography outlined the accepted capabilities for Doppler echocardiography in the adult patient. Among indications related to anatomy-pathology, color Doppler was rated as most helpful for evaluating septal defects. Among functional indications, color Doppler was considered most useful for evaluating the site of right-to-left and left-to-right shunts (Antman et al, 2003). Color Doppler was also considered useful for evaluating severity of valve stenosis and

valve regurgitation and evaluation of prosthetic valves. This patient had a normal echocardiogram in 2014 with no new complaints of unstable angina or valvular disease. In this clinical situation, a repeat test is not warranted. Therefore, based on the submitted medical documentation, the request for cardiac echocardiogram is not medically necessary.

Carotid scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Report of the American College of Cardiology.

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.

Stress test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACCF/ACR.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) American College of Cardiology/American Heart Association Clinical Competence Statement on Stress Testing: A

Report of the American College of Cardiology/American Heart Association/American College of Physicians-American Society of Internal Medicine Task Force on Clinical Competence , Circulation. 2000; 102: 1726-1738 doi: 10.1161/01.CIR.102.14.1726.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of Cardiolite isotope for Cardiolite testing for this patient. The California MTUS guidelines, ACOEM Guidelines and the Occupational Disability Guidelines (ODG) do not address this topic. Cardiolite is a nuclear radioactive isotope termed Technetium Tc99m Sestamibi. Uptake of the isotope into the myocardium can be visualized using a nuclear scanner. When combined with stress either through exercise or use of a pharmacological agent, the Cardiolite scan helps determine if the ischemic segments are present within the heart muscle.

The guidelines from the American College of Cardiology state that cardiac stress testing is for detecting coronary artery disease by localizing myocardial ischemia (reversible defects) and infarction (non-reversible defects), in evaluating myocardial function and developing information for use in patient management decisions. On physical exam, the patient endorsed being tired but did not have any signs or symptoms or unstable angina. In this clinical situation, a stress test is not warranted. The patient has had a normal cardiac echo in 2014 with multiple normal ECGs which failed to demonstrate cardiac ischemia. Therefore, based on the submitted medical documentation, the request for cardiac stress test is not medically necessary.

Venous and 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 ACC/AHA guidelines for ambulatory electrocardiography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Leg and Ankle, Diagnostic arterial ultrasound.

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. Furthermore, the patient does not have a positive Homan's sign or documented evidence of hemosiderosis indicative of severe venous stasis disease or thrombosis. Therefore, based on the submitted medical documentation, the request for arterial and venous Doppler ultrasounds of the lower extremity is not medically necessary.

Holter monitor/ABI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Cardiology.

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 a normal cardiac echo and multiple normal EKGs. There is no indication that a secondary, supraventricular arrhythmia is suspected to necessitate remote cardiac monitoring. ABIs are indicated for peripheral vascular disease. The medical records indicate that this patient has no evidence of arterial insufficiency documented in the medical record. Therefore, based on the submitted medical documentation, the request for Holter Monitor and ABIs are not medically necessary.