

Case Number:	CM14-0117240		
Date Assigned:	08/06/2014	Date of Injury:	05/22/1994
Decision Date:	10/09/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 74 year old male was reportedly injured on May 22, 1994. The most recent progress note, dated June 16, 2014, indicated that there were ongoing complaints of multiple cardiovascular problems. The overall clinical situation was stable. The injured employee was able to do all of his own yard work, and there was no history of chest pain, palpitations, edema, dyspnea, lightheadedness, orthopnea or syncope. The physical examination demonstrated a 5'8", 184 pound individual who was normotensive (130/78). The remainder of the physical examination was reported to be within normal limits. Diagnostic studies noted an echocardiogram (EKG) that reported a sinus rhythm at 60 bpm and changes consistent with the old inferolateral myocardial infarction with ST changes. A request was made for carotid studies and was not certified in the pre authorization process on June 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carotid Duplex scan in six months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/ency/article/003774.htm>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Plaque morphology detected with Duplex ultrasound before carotid angioplasty and stenting (CAS) is not a predictor of carotid artery in-stent restenosis, a case control study BMC Neurology 2013, 13:163

Decision rationale: This is a 74 year old gentleman, with a history of myocardial infarction, was noted to have atherosclerosis that is managed medically. The treating provider noted that the injured employee was doing well. From a cardiovascular standpoint, there is no angina, congestive heart failure, dysrhythmia and the lipid status was fine. Surgical intervention, to address the carotid artery disease, has not been endorsed. Therefore, there is insufficient clinical information presented to suggest the need for carotid ultrasound based on the clinical records presented for review. Therefore, this request is not medically necessary.