

Case Number:	CM14-0120567		
Date Assigned:	08/06/2014	Date of Injury:	04/12/2005
Decision Date:	10/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/30/2014

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 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 63-year-old man was reportedly injured on April 12, 2005. The most recent progress note, dated June 26, 2014, and there were no particular complaints on this date. The injured employee has a history of hypertension and sleep apnea for which uses a CPAP. There is also a history of a heart attack. Current medications include Metoprolol, Aspirin 81 mg, Niacin, Atorvastatin, and a Testosterone Patch. The physical examination demonstrated grade 1 changes of the fundi and a left-sided questionable low-grade bruit. Examination of the lower extremities revealed erythema of the right leg, which appeared to look like mild hemosiderosis. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes two stents after a prior heart attack and the use of a CPAP machine. A request had been made for a venous and arterial scan of the lower extremities, a Holter monitor, and an Ankle brachial index test and was not medically necessary in the pre-authorization process on July 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Official Disability Guidelines (ODG): Knee & Leg (Acute & Chronic), Venous Thrombosis, Ultrasound, Diagnostic; National Institutes of Health: Duplex Ultrasound

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: <http://www.nlm.nih.gov/medlineplus/ency/article/003773.html>

Decision rationale: The injured employee has a history of hypertension, sleep apnea, and low testosterone. There is no indication for a venous and arterial scan of the lower extremities to further evaluate these diagnoses. As such, this request for a Venous and Arterial Scan of the Lower Extremities is not medically necessary.

Holter Monitor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG): Low Back, Lumbar & Thoracic (Acute & Chronic); AETNA 02/21/2014, Holter Monitors

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: <http://www.nlm.nih.gov/medlineplus/ency/article/003877.html>

Decision rationale: The injured employee has a history of hypertension, sleep apnea, and low testosterone. There is no reported history of any palpitations or arrhythmias. Considering this, there is no indication for testing with a Holter monitor. As such, this request for a Holter Monitor is not medically necessary.

ABI (Ankle-Brachial Index Test): 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): Knee & Leg (Acute & Chronic)

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: <http://www.mayoclinic.org/tests-procedures/ankle-brachial-index/basics/definition/PRC-20014625>. p=1

Decision rationale: The injured employee has a history of hypertension, sleep apnea, and low testosterone. There is no reported suspicion of peripheral artery disease. As such, this request for Ankle Brachial Index Testing is not medically necessary.