

Case Number:	CM14-0141793		
Date Assigned:	09/10/2014	Date of Injury:	03/15/2011
Decision Date:	10/14/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for acquired spondylolisthesis and essential hypertension reportedly associated with an industrial injury of March 15, 2011. Thus far, the applicant has been treated with the following: Blood pressure lowering medications. In a Utilization Review Report dated August 11, 2014, the claims administrator denied a request for a carotid duplex ultrasound, venous and arterial scans of the lower extremity, ankle-brachial indices, and a Holter monitor. The applicant's attorney subsequently appealed. Several of the articles at issue were endorsed via Request for Authorization Form dated August 4, 2014. At the same time, an echocardiogram was also requested which, it was incidentally noted, the claims administrator did not appear to have addressed in its Utilization Review Report. No clinical progress notes or narrative commentary were seemingly attached to the August 4, 2014 Request for Authorization Form (RFA). EKG testing of February 25, 2014 was interpreted as a notable for normal sinus rhythm while EKG testing of May 20, 2014 was notable for sinus tachycardia. In a progress note of May 20, 2014, the applicant was described as working for the [REDACTED]. The applicant was described as obese, weighing 281 pounds. The applicant was using Synthroid, aspirin, Nexium, and Losartan. The applicant's blood pressure was well controlled at 114/78. The applicant did exhibit a ventral hernia on abdominal exam with a nonfocal neurologic exam, also appreciated. The stated diagnoses were obesity, hypertension, and hypothyroidism, all of which were reportedly "well controlled."

IMR ISSUES, DECISIONS AND RATIONALES

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

Carotid Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology (ACR), Practice Parameter for the Performance of an Ultrasound Examination of the Extracranial Cerebrovascular System.

Decision rationale: The MTUS does not address the topic. While the American College of Radiology (ACR) does note that indications for carotid ultrasound testing include the evaluation of transient ischemic attacks, evaluation of cervical bruits, followup on applicants with proven carotid disease, and/or evaluation of applicants with proven pulsatile neck masses, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. This and other articles were seemingly requested via an August 4, 2014 Request for Authorization Form which did not include any attached progress notes or narrative commentary to support or substantiate the request. The limited information on file suggests that the applicant has asymptomatic, well-controlled hypertension, which is not an indication for carotid duplex ultrasound testing. Therefore, the request 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 www.ncbi.nlm.nih.gov/pubmed

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. American College of Radiology (ACR), Practice Parameter for the Performance of Peripheral Venous Ultrasound Examination. 2. American College of Radiology (ACR), Practice Parameter for the Performance of Peripheral Arterial Ultrasound.

Decision rationale: The MTUS does not address the topic. While the American College of Radiology (ACR) notes that indications for peripheral venous ultrasound testing include the evaluation of venous thromboembolic disease, venous obstruction, and/or venous varicosities, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The August 4, 2014 Request for Authorization Form did not contain any attached progress notes or narrative commentary so as to support or substantiate the request. The limited information on file suggests that the applicant has well-controlled hypertension, which is not an indication for venous duplex ultrasound testing. Similarly, the MTUS likewise does not address the topic of arterial ultrasound testing. While the American College of Radiology (ACR) notes that peripheral arterial ultrasound testing can be employed to detect stenotic lesions, peripheral arterial disease, occlusive arterial disease, etc., in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The attending provider did not attach any narrative commentary or applicant-specific rationale to the Request for Authorization

Form of August 4, 2014. The limited information on file suggests that the applicant has well-controlled hypertension, which is not an indication for the arterial duplex ultrasound at issue. Therefore, both the proposed venous and arterial scans of the lower extremities are not medically necessary.

Stress Test ABI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Ankle-brachial Index Measurement article

Decision rationale: The MTUS does not address the topic. While Medscape notes that ankle-brachial indices are useful in symptomatic applicants to diagnose peripheral arterial disease and/or to assess an applicant's vascular risk for peripheral arterial disease in an asymptomatic individual. In this case, as with the numerous other requests, it was not clearly stated what was sought. It was not clearly stated what was suspected. The attending provider did not state why he suspected peripheral arterial disease, given the applicant's well-controlled hypertension. Therefore, the request 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 www.ncbi.nlm.nih.gov/pubmedhealth

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Heart Association (AHA), Ambulatory Arrhythmia Monitoring article.

Decision rationale: The MTUS does not address the topic. While the American Heart Association (AHA) notes that Holter monitors can be employed to detect the presence of arrhythmias such as atrial fibrillation, ventricular ectopy, nonsustained ventricular tachycardia, etc., in this case, as with the numerous other request, it was not clearly stated what was sought. It was not clearly stated what was suspected. No clinical progress notes or applicant-specific rationale were attached to the August 4, 2014 request for authorization in which the article in question was requested. It was not stated why or if atrial fibrillation, ventricular tachycardia, or other heart arrhythmias are suspected. The limited information on file suggests that the applicant has well-controlled, asymptomatic hypertension, with no suspicion of any of the aforementioned diagnostic considerations. Therefore, the request is not medically necessary.