

Case Number:	CM14-0158899		
Date Assigned:	10/02/2014	Date of Injury:	05/09/2012
Decision Date:	10/29/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 52 year old male with a date of injury on 5/9/2012. Subjective complaints are of underlying hypertension, and symptoms of numbness and tingling in the arms. Physical exam showed blood pressure between 140/90 to 160/110, and a low-grade systolic murmur at the left sterna border. EKG showed normal sinus rhythm. Echocardiogram showed trace mitral and tricuspid regurgitation. Treadmill test was negative. Request is for "venous scan" of the upper arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venous scan of upper arm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Grainger & Allison's diagnostic Radiology

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Guideline for Performance of Peripheral Venous Ultrasound Examinations. American Institute of Ultrasound Medicine 2010

Decision rationale: CA MTUS and the ODG do not address the use of venous ultrasound. Alternative guidelines indicate that venous peripheral ultrasound can be utilized for thromboembolic disease, venous insufficiency, or assessment for dialysis access. For this

patient, there is no clear rationale offered for venous testing, and the specific type of "venous scan" is not identified. Furthermore, there is not objective evidence of peripheral findings in the arms that would warrant testing. Therefore, the medical necessity for a venous scan of the upper arm is not established at this time.