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| Case Number: | CM14-0085914 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 02/02/2001 |
| Decision Date: | 10/30/2014 | UR Denial Date: | 05/30/2014 |
| Priority: | Standard | Application Received: | 06/09/2014 |

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 Internal 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 patient is a 64 year old male who was injured on 02/02/2001. The mechanism of injury is unknown. Diagnostic studies reviewed include stress echocardiography dated 09/05/2013 revealed low likelihood of exercised induced myocardial ischemia at a moderate level of stress. RFA dated 05/20/2014 documented the patient to have a diagnosis of hypertension-controlled and hypercholesterolemia. There are no progress notes or other documentation provided for review. The previous UR indicates that many of the notes that were submitted were illegible. Prior utilization review dated 05/30/2014 states the request for Carotid ultrasound is denied as the medical necessity has not been established.

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 Neurosurg Focus 2014; 36(1):e2 "Asymptomatic Carotid Artery Stenosis, Time to Rethink our Therapeutic Options?" Saul F. Morales-Valero, M.D., Giuseppe Lanzino, M.D. Disclosures.

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.acr.org/~media/5d63a45f7a54417c93cd58f109f0fdd2.pdf>

Decision rationale: The guidelines recommend carotid artery ultrasound to evaluate for carotid artery stenosis. Carotid artery ultrasound is not used as routine screening but is generally ordered in patients with a history of TIA, CVA, or other diagnosis concerning for carotid artery disease. There were minimal clinical documents provided. It is unclear why carotid artery ultrasound is being ordered at this time. The notes did not identify a disease or medical condition that required evaluation with carotid ultrasound. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.