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| <b>Case Number:</b>   | CM15-0116061 |                              |            |
| <b>Date Assigned:</b> | 06/24/2015   | <b>Date of Injury:</b>       | 10/02/2006 |
| <b>Decision Date:</b> | 07/23/2015   | <b>UR Denial Date:</b>       | 05/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/16/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 injured worker is a 66 year old male, who sustained an industrial injury on 10/02/2006. He reported a fall from a roof, approximately 12 feet, with loss of consciousness. The injured worker was diagnosed as having other chronic pulmonary heart diseases and other pulmonary embolism and infarction. Treatment to date has included diagnostics, multiple orthopedic surgeries, rehabilitation, history of recurrent pulmonary embolism with status post thromboendarterectomy in 10/2014, and medications. Currently (5/05/2015), the injured worker reported doing very well since surgery. Chronic anticoagulation therapy was noted. His exercise tolerance was improved and he denied chest pain, lightheadedness, syncope, orthopnea, or paroxysmal nocturnal dyspnea. He had chronic lower extremity edema due to venous insufficiency with skin breakdown and did not wear compression stockings. Pulmonary ventilation/perfusion (V/Q) scan was noted on 5/05/2015, noting low probability for acute pulmonary embolism and decreased perfusion in the superior segment of the right lower lobe, which may represent unresolved chronic pulmonary embolism. The rationale for repeat V/Q scan was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Pulmonary ventilation/perfusion (V/Q) scan: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health <https://www.nhlbi.nih.gov/health/health-topics/topics/lvq>.

**Decision rationale:** The injured worker is a 66 year old male injured in 2006. The injured worker was diagnosed as having other chronic pulmonary heart diseases and other pulmonary embolism and infarction. Treatment to date has included diagnostics, multiple orthopedic surgeries, rehabilitation, history of recurrent pulmonary embolism with status post thromboendarterectomy in 10/2014, and medications. As of 5/05/2015, the injured worker reported doing very well since surgery. Chronic anticoagulation therapy was noted. His exercise tolerance was improved and he denied chest pain, lightheadedness, syncope, orthopnea, or paroxysmal nocturnal dyspnea. He had chronic lower extremity edema due to venous insufficiency with skin breakdown and did not wear compression stockings. Pulmonary ventilation/perfusion (V/Q) scan was noted on 5/05/2015, noting low probability for acute pulmonary embolism and decreased perfusion in the superior segment of the right lower lobe. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Per the NIH, a lung ventilation/perfusion scan, or VQ scan, is a test that measures air and blood flow in your lungs. A VQ scan most often is used to help diagnose or rule out a pulmonary embolism. In this case, there are no current signs or symptoms of embolism; the role of the scan therefore is not clear. The request is appropriately not medically necessary.