

<b>Case Number:</b>	CM15-0120234		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	04/27/2004
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: New York  
Certification(s)/Specialty: Internal 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 4/27/04. Progress note dated 5/19/15 reports complaints of chest pain. The frequency of chest pain has decreased but premature ventricular contractions continue. Diagnoses include: cardiomegaly, diabetes mellitus, unspecified chest pain and unspecified hypertension. Plan of care includes: continue medications, order the following diagnostic services; carotid, echocardiogram, venous, arterial, abdominal, stress echocardiogram and vasocor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duplex Carotid:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians, (MKSAP, 2012) General Internal Medicine + Cardiovascular Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://smartmedicine.acponline.org/content>.

**Decision rationale:** Per guidelines, a carotid duplex ultrasound should be obtained in patients with cervical bruits (a noise in the neck caused by the turbulent flow of blood in the carotid artery indicating stenosis) to confirm and quantify the degree of carotid artery stenosis (the buildup of plaque in the carotid artery that reduces blood flow to the brain). The injured worker is diagnosed with Congestive Heart Failure, Angina, Hypertension and Peripheral Vascular Disease. Documentation fails to show clinically objective symptoms or findings consistent with Carotid artery stenosis to establish the medical necessity for carotid ultrasound. The request for Duplex Carotid is not medically necessary.

**Duplex exam arterial:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians, (MKSAP, 2012) General Internal Medicine + Cardiovascular Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.dynamed.com/>.

**Decision rationale:** Guidelines recommend testing for Peripheral Artery Disease (PAD) in patients presenting with symptoms such as exertional leg pain, non-healing wounds, ischemic leg pain at rest and those age <65 years or age >50 years with history of smoking or diabetes. Diagnostic testing includes Ankle Brachial Index (ABI) calculation, pulse volume recording, duplex ultrasound and continuous-wave Doppler ultrasound. The injured worker is diagnosed with Congestive Heart Failure, Angina, Hypertension and Peripheral Vascular Disease. Physician report at the time of the requested service under review indicated the injured worker is in no distress, with intact peripheral pulses, no leg edema, cyanosis or varicosities. Furthermore, Blood Pressure appears to be well controlled. Documentation fails to show that the injured worker has acute or worsening symptoms of PAD to establish the medical necessity for additional testing. The request for Duplex exam arterial is not medically necessary per guidelines.

**Abdominal aorta:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians, (MKSAP, 2012) General Internal Medicine + Cardiovascular Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.uspreventiveservicestaskforce.org>.

**Decision rationale:** The United States Preventive Service Task Force (USPSTF) recommends one-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men ages 65 to 75 years who have ever smoked. The injured worker is reported to have history of smoking. With comorbid conditions of Hypertension, Diabetes, Peripheral Vascular Disease and Angina,

the request for screening abdominal ultrasound is clinically appropriate. The request for abdominal aorta is medically necessary.

**Duplex exam venous:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians, (MKSAP, 2012) General Internal Medicine + Cardiovascular Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.dynamed.com/>.

**Decision rationale:** Recommended testing to diagnose or rule out Deep Venous Thrombosis (DVT), blood clot in a vein, may include blood test for D-dimer, compression ultrasound or contrast venography. Other imaging studies less commonly used include magnetic resonance imaging, impedance plethysmography, and thromboscintigraphy. The injured worker is diagnosed with Congestive Heart Failure, Angina, Hypertension and Peripheral Vascular Disease. Physician report at the time of the requested service under review indicated the injured worker is in no distress, with intact peripheral pulses, no leg edema, cyanosis or varicosities. Documentation fails to show clinically objective symptoms or findings consistent with Deep Venous Thrombosis to establish the medical necessity for duplex venous ultrasound. The request for Duplex exam venous is not medically necessary.

**Echocardiogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians, (MKSAP, 2012) General Internal Medicine + Cardiovascular Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://smartmedicine.acponline.org/contenthttp://www.mayoclinic.org/>.

**Decision rationale:** An ECHO (Echocardiogram) is an ultrasound picture of the heart used to diagnose Valvular Heart disease, by checking the heart valves or chambers and the ability of the heart to pump. The injured worker is diagnosed with Congestive Heart Failure, Heart Valve Insufficiency, Angina, Hypertension and Peripheral Vascular Disease. Physician report at the time of the requested service under review supports that the injured worker's chronic medical conditions are stable and there is no acute illness noted that would justify additional cardiac testing. The request for Echocardiogram is not medically necessary.

**Stress echocardiogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians, (MKSAP, 2012) General Internal Medicine + Cardiovascular Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://smartmedicine.acponline.org/content>.

**Decision rationale:** Stress tests are used for diagnostic and prognostic testing for Coronary Artery Disease (CAD) (damage or disease in the heart's major blood vessels). Stress testing may be recommended in patients with stable chest pain or at Low- or intermediate-risk for unstable angina (a type of chest pain caused by reduced blood flow to the heart). Stress testing to screen healthy, asymptomatic patients with a low pretest probability for CAD is not recommended. Two types of Stress tests used are dynamic exercise (usually treadmill or cycle) and pharmacologic (medication). Additionally, three types of imaging technology can be added to stress testing, including ECHO (ultrasound picture of the heart), nuclear perfusion, and magnetic resonance myocardial perfusion. Per guidelines pharmacologic stress testing with nuclear imaging or ECHO is recommended for patients who are unable to exercise or for those with an uninterpretable ECG. The injured worker is diagnosed with Unspecified Chest pain, Congestive Heart Failure, Heart Valve Insufficiency, Angina, Hypertension and Peripheral Vascular Disease. Physician report at the time of the requested service under review supports that the injured worker's chronic medical conditions are stable and there is no acute illness noted that would justify additional cardiac testing. The request for Stress echocardiogram is not medically necessary.

**Vasocor (LE arteries after stress bilateral): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians, (MKSAP, 2012) General Internal Medicine + Cardiovascular Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.dynamed.com/>.

**Decision rationale:** Guidelines recommend testing for Peripheral Artery Disease (PAD) in patients presenting with symptoms such as exertional leg pain, non-healing wounds, ischemic leg pain at rest and those age <65 years or age >50 years with history of smoking or diabetes. Diagnostic testing includes Ankle Brachial Index (ABI) calculation, pulse volume recording, duplex ultrasound and continuous-wave Doppler ultrasound. The injured worker is diagnosed with Congestive Heart Failure, Angina, Hypertension and Peripheral Vascular Disease. Physician report at the time of the requested service under review indicated the injured worker is in no distress, with intact peripheral pulses, no leg edema, cyanosis or varicosities. Furthermore, Blood Pressure appears to be well controlled. Documentation fails to show that the injured worker has acute or worsening symptoms of PAD to establish the medical necessity for additional non-invasive peripheral studies. The request for Vasocor (LE arteries after stress bilateral) is not medically necessary per guidelines.

**Vasocor (UE or LE arteries multi level bilateral): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians, (MKSAP, 2012) General Internal Medicine + Cardiovascular Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.dynamed.com/>.

**Decision rationale:** Guidelines recommend testing for Peripheral Artery Disease (PAD) in patients presenting with symptoms such as exertional leg pain, non-healing wounds, ischemic leg pain at rest and those age <65 years or age >50 years with history of smoking or diabetes. Diagnostic testing includes Ankle Brachial Index (ABI) calculation, pulse volume recording, duplex ultrasound and continuous-wave Doppler ultrasound. The injured worker is diagnosed with Congestive Heart Failure, Angina, Hypertension and Peripheral Vascular Disease. Physician report at the time of the requested service under review indicated the injured worker is in no distress, with intact peripheral pulses, no leg edema, cyanosis or varicosities. Furthermore, Blood Pressure appears to be well controlled. Documentation fails to show that the injured worker has acute or worsening symptoms of PAD to establish the medical necessity for additional non-invasive peripheral studies. The request for Vasocor (UE or LE arteries multi level bilateral) is not medically necessary per guidelines.

**Vasocor (UE or LE arteries single level bilateral): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians, (MKSAP, 2012) General Internal Medicine + Cardiovascular Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.dynamed.com/>.

**Decision rationale:** Guidelines recommend testing for Peripheral Artery Disease (PAD) in patients presenting with symptoms such as exertional leg pain, non-healing wounds, ischemic leg pain at rest and those age <65 years or age >50 years with history of smoking or diabetes. Diagnostic testing includes Ankle Brachial Index (ABI) calculation, pulse volume recording, duplex ultrasound and continuous-wave Doppler ultrasound. The injured worker is diagnosed with Congestive Heart Failure, Angina, Hypertension and Peripheral Vascular Disease. Physician report at the time of the requested service under review indicated the injured worker is in no distress, with intact peripheral pulses, no leg edema, cyanosis or varicosities. Furthermore, Blood Pressure appears to be well controlled. Documentation fails to show that the injured worker has acute or worsening symptoms of PAD to establish the medical necessity for additional non-invasive peripheral studies. The request for Vasocor (UE or LE arteries single level bilateral) is not medically necessary per guidelines.