

Case Number:	CM15-0046617		
Date Assigned:	03/18/2015	Date of Injury:	12/29/2006
Decision Date:	04/23/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/11/2015

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: California
 Certification(s)/Specialty: Emergency 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 52-year-old female, who sustained an industrial injury on December 29, 2006. The injured worker was diagnosed as having bilateral venous stasis dermatitis superimposed on peripheral vascular disease, venous stasis of lower extremity, chronic pain, morbid obesity, cervical degenerative disc disease (DDD), lumbar disc herniation, opioid addiction, lumbar fusion and symptoms of depression and anxiety. A progress notes were reviewed until. 2/12/15. The injured worker complains of redness and swelling of hands with weakness, discoloration and swelling of legs and back and scapular pain. There is numbness and tingling to both feet. Wears compression stocking intermittently. Pain worsens with activity. Objective exam reveals trace edema, hyperpigmentation and 2+ pulses in bilateral lower extremities. Note mentions that patient have venous insufficiency at saphenous veins. There is no noted justification or rationale noted concerning request for bilateral lower extremities venous ankle/brachial index. The plan includes electromyogram and nerve conduction velocity (NCV) of upper extremities, vascular specialist and psychiatric consultation. Pain management visit dated January 21, 2015 refers to venus insufficiency evaluation and notes venous discoloration and edema of the legs. There is mention of vascular surgeon visit as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lower extremities Venous ankle/brachial index with segmental pressure for the bilateral lower extremities arteries: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aboyans A et al; Measurement and Interpretation of the Ankle-Brachial Index: A Scientific Statement from the American Heart Association. Circulation. 2012; 126: 2890-2909.

Decision rationale: Ankle brachial index (ABI) is a noninvasive vascular screening test to identify large vessel peripheral arterial disease by comparing systolic blood pressures in the ankle to the higher of the brachial systolic blood pressures, which is the best estimate of central systolic blood pressure. Patient has known peripheral venous insufficiency. This test is to test for peripheral arterial disease. Provider has not provided rationale for request for ABI. There is normal pulses documented in bilateral lower extremities. There is no documented signs of peripheral arterial disease. Bilateral lower extremities Venous ankle/brachial index with segmental pressure for the bilateral lower extremities arteries is not medically necessary.