

<b>Case Number:</b>	CM15-0067116		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	08/24/1990
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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, Indiana, 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 an 84 year old male, who sustained an industrial injury on August 24, 1990. Treatment to date has included coronary artery bypass grafting x 4, multiple PCIs, left knee replacement, right hip replacement and a walker. Currently, the injured worker is evaluated for surgical management of symptomatic severe mitral regurgitation. He has longstanding coronary artery disease with previous coronary bypass grafting and a history of atrial fibrillation. Diagnoses associated with the request include coronary artery disease, atrial fibrillation, and severe mitral regurgitation with mitral annular calcification. His treatment plan includes pacemaker evaluation, CT of the thoracic aorta/abdomen and pelvis, carotid ultrasound, vein mapping of the lower extremities and follow-up surgical evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT (computerized tomography) Thoracic Aorta, Abdomen and Pelvis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.acr.org/~media/5618D8D775C441529D59DD0CF7A4057A.pdf>

<http://www.acr.org/~media/7a8770f6dcfe4a1bab5da612cf9fe718.pdf>.

**Decision rationale:** Pursuant to the Society for vascular ultrasound, vein mapping of the lower extremities bilaterally is not medically necessary. They mapping of the lower extremity is performed to evaluate superficial veins to determine if they can be used for the creation of an arteriovenous dialysis access, lower extremity bypass graft or coronary artery bypass graft. The indications are numerators in the attached link. See the attached link for details. In this case, the injured worker's working diagnoses are long-standing coronary artery disease with previous coronary bypass times for previous percutaneous coronary intervention (PCI); long-standing atrial fibrillation with history of stroke and myocardial infarction. The date of consultation by the requesting physician is March 18, 2015. There was no treatment plan indicating vein mapping of the lower extremities is clinically indicated. Moreover, there is no treatment plan by the requesting physician in the medical record documentation dated March 18, 2015. Additionally, a progress note from the [REDACTED] did not contain a clinical indication or rationale for vein mapping. Consequently, absent clinical documentation with a clinical indication and rationale for vein mapping of the lower extremities, vein mapping of the lower extremities bilaterally is not medically necessary.

**Vein Mapping Lower Extremities Bilateral:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation <http://account.svunet.org/files/positions/LE-Vein-Mapping-2011.pdf>.

**Decision rationale:** Pursuant to the Society for vascular ultrasound, vein mapping of the lower extremities bilaterally is not medically necessary. They mapping of the lower extremity is performed to evaluate superficial veins to determine if they can be used for the creation of an arteriovenous dialysis access, lower extremity bypass graft or coronary artery bypass graft. The indications are numerators in the attached link. See the attached link for details. In this case, the injured worker's working diagnoses are long-standing coronary artery disease with previous coronary bypass times for previous percutaneous coronary intervention (PCI); long-standing atrial fibrillation with history of stroke and myocardial infarction. The date of consultation by the requesting physician is March 18, 2015. There was no treatment plan indicating vein mapping of the lower extremities is clinically indicated. Moreover, there is no treatment plan by the requesting physician in the medical record documentation dated March 18, 2015. Additionally, a progress note from the [REDACTED] did not contain a clinical indication or rationale for vein mapping. Consequently, absent clinical documentation with a clinical indication and rationale for vein mapping of the lower extremities, vein mapping of the lower extremities bilaterally is not medically necessary.

## **Doctor Visit - Cardiology for Pacemaker Evaluation: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visit.

**Decision rationale:** Pursuant to the Official Disability Guidelines, doctor visit cardiology for pacemaker evaluation medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnoses are long-standing coronary artery disease with previous coronary bypass times for previous percutaneous coronary intervention (PCI); long-standing atrial fibrillation with history of stroke and myocardial infarction. Documentation from the requesting physician, dated March 18, 2015, did not contain a clinical indication for treatment plan for a follow-up office visit with cardiology for a pacemaker evaluation. There were two electrocardiograms in the medical record one. In both cases, the quality of EKG was largely illegible. The date of testing was illegible. The heart rate in one EKG was 36 and the heart rate in the second EKG was 44. As noted above, there was no clinical indication or rationale in the medical record for a cardiology follow-up office visit for pacemaker evaluation. There was a progress note from the [REDACTED]. There was no clinical treatment plan offered regarding a pacemaker evaluation. Consequently, absent clinical documentation with a clinical indication and rationale supporting a cardiology evaluation for pacemaker evaluation, doctor visit cardiology for pacemaker evaluation medically necessary.