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THIS DOCUMENT WAS RECEIVED IN

APPEAL PO BOX 30432 or FAX 801-938-2100, SLC, UT-RMO WEST

FAX

06/01/2021

1203

**United Health Group - West, Central and Cirrus RMO**

Operated by Firstsource Solutions

1355 South 4700 West  
Salt Lake City, UT 84104



UnitedHealthcare®  
A UnitedHealth Group Company

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**DO NOT Return to the RMO for  
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## Appeal Fax Cover Sheet

To: United Healthcare Appeals	Date: 6/1/21
Fax number: 89994 1083	Patient's name: Franklin Williams
	From: Fallon B / Dharmg
	Fax number: 516 502 4434
	Phone number: 516 437 5600 x 1400
Comments: Pl schedule 6/3 Pls expedite & Review all attached	

To submit an appeal, please fax this cover sheet to the appropriate fax number along with your:

1. Letter of appeal and
2. Original denial information and
3. Applicable medical records

To submit a Standard Appeal, use the following fax number: 1-801-938-2100.

To submit an Urgent/Expedited Appeal, use the following fax number: 1-801-994-1083.  
Please tell us why your request is urgent.

**Please note:** Generally, an urgent or expedited appeal is available when the patient's condition is such that applying standard time frames for deciding the appeal could jeopardize the patient's life, health, or ability to regain maximum function, or subject the claimant to severe pain.

It is very important that you submit this form to one of the fax numbers above. Submission of the form to another address may result in a delay in our receipt and resolution of the appeal.

**CONFIDENTIALITY NOTICE:** Information accompanying this facsimile is considered to be UnitedHealthcare's confidential and/or proprietary business information. Consequently, this information may be used only by the person or entity to which it is addressed. Such recipient shall be liable for using and protecting UnitedHealthcare's information from further disclosure or misuse, consistent with applicable contract and/or law. The information you have received may contain protected health information (PHI) and must be handled according to applicable state and federal laws, including, but not limited to HIPAA. Individuals who misuse such information may be subject to both civil and criminal penalties. If you believe you received this information in error, please contact the sender immediately.

Revised: 06/16

United HealthCare Services, Inc. on behalf of UnitedHealthcare Insurance Company  
5757 Plaza Drive Cypress, CA 124-0129  
Cypress, CA 90630



May 24, 2021

FRANKLIN WILLIAMS  
116 -15 201 ST  
ST ALBANS NY 11412

Patient:	Franklin Williams
Service Ref #:	A123619482
Member:	Franklin Williams
Member ID:	XXXXXX4726
Plan:	THE INTERPUBLIC GROUP OF CO
Plan #:	0702551
Letter ID:	MEDNEC-CP

Dear Franklin Williams:

We received a request to cover health care services. After review of the information submitted and your plan documents, it was determined this service is not medically necessary, so it is not covered by your plan.

Medically necessary means the service meets accepted standards of medicine and is needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms.

**Requested service or care:**

- Physician/health care professional: Bhupesh Dhama
- Facility or office name: Bhupesh Dhama
- Place of service: Office
- Diagnosis: I73.9 Peripheral vascular disease, unspecified
- Date(s) of service: 05/13/21 - 08/11/21
- Date(s) determined not to be medically necessary: 05/13/21 - 08/11/21
- The reason for our determination is: Your provider asked for a procedure to open a blockage in your leg artery. You have poor circulation to your legs.

We reviewed the following:

- Your provider's medical notes
- Your health plan's benefit document (a listing of your health plan's benefits and what it pays for)
- Your health plan's medical policy regarding vascular procedures.

We found that this request does not meet the following criteria:

- You must have tried at least 12 weeks of exercise treatment while under the care of a health care professional
- You have tried medications that are used to help with blood flow in your arteries
- Your records show that you have tried to stop smoking before you will have this leg procedure
- You had a blood pressure test on your leg (called an ankle brachial index or ABI test) that shows you have problems with the blood flow in your leg
- You had an ultrasound test on your leg that shows at least a 50% blockage of your leg artery

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- You had an x-ray study where dye is injected into the arteries (such as a CT angiography or MR angiography) that shows at least a 50% blockage of your leg artery
- You had an angiography (dye is injected into an artery in your leg and x-ray pictures are taken) that shows at least a 50% blockage of your leg artery
- You have leg pain even when you are resting that is caused by a blockage in your leg artery
- You have dying tissue (called gangrene) on your leg that is caused by a blockage in your leg artery

Based upon our review, we are not able to approve this treatment request. The procedure to open a blockage in your leg is not covered under your health plan because the procedure is considered not medically necessary. Please speak with your provider about your options. Your health is important to us. We are available to speak with your provider about your care and treatment options.

- Denial code (if applicable): Not applicable
- Claim amount (if applicable): Not applicable

Description of services	
Procedure code	Procedure description
75710	Angiography, extremity, unilateral, radiological supervision and interpretation
75716	Angiography, extremity, bilateral, radiological supervision and interpretation
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed

This decision is based on the following information: Lower Extremity Invasive Diagnostic and Endovascular Procedures Policy Number 202170602E, Effective Date May 1, 2021. InterQual 2020, October 2020 Release, CP: Imaging, Imaging, Peripheral Vascular.

- Remember:
- You're still responsible for your copayment, coinsurance, and deductible (when applicable). Your plan may have limits on how many visits or services the plan covers. Please check your plan documents.

Before getting service, it's a good idea to check your provider's network status and cost of service.

- A network provider is a doctor, health care professional, or facility (like a hospital) that has a contract with us to provide services or supplies at an agreed upon rate, so you usually pay less when you get services in network.
- Some plans have a designated or a tiered network of providers. These doctors, health care professionals, facilities, and suppliers provide health care services at the highest benefit level. If you have this type of plan, you may pay less depending on which provider you see. If required by your plan, your primary care provider must send an electronic referral before you see a specialist. If you see a specialist without a referral, you might have to pay the full cost for services.

This is a benefit determination, not a medical decision. Only you and your doctor can decide what medical care you need.

Your provider can discuss this case by calling the UnitedHealthcare Peer-to-Peer Support Team at 1-800-955-7615.

- If your provider asks for a peer-to-peer review, and the request for coverage is still denied, you can ask for an appeal.
  - If you have already started an appeal, your provider cannot ask for a peer-to-peer review.
- If you requested a gap exception for your out-of-network provider and your appeal is overturned, we will then evaluate your gap exception request.

### Can I get copies of information used to make the decision?

You, your doctor, health care professional, or a person you trust to represent you, such as a family member (authorized representative) may ask to see any information we used to make this decision.

This information is free of charge and includes:

- Documents
- Records
- Health benefit plan provisions
- Internal rules
- Guidelines and protocols
- Any other relevant information

Mail your request for this information and a copy of this letter to:

UnitedHealthcare Central Escalation Unit  
Appeal Document Request  
P.O. Box 30573  
Salt Lake City, UT 84130-0573

### What if I don't agree with this decision?

1. You or your authorized representative may accept our decision as it stands.
2. You or your authorized representative may request an appeal.

### What is an appeal?

An appeal is a formal way of asking us to review a coverage decision.

### Who can file an appeal?

- You, your doctor, health care professional, or authorized representative can file an appeal.
- This person must have your written approval to make appeals for you.
- To have someone else represent you, call the toll-free member number on your health plan ID card, and we'll send you a form.

### How long do I have to file an appeal?

You have 180 days from the time you receive this letter to send an appeal request. If you don't send the appeal on time, you may lose your right to appeal the decision.

We'll review your appeal and give you a decision within 15 days for services you haven't received yet and within 30 days for services you have received. This is known as a standard appeal.

### What if my situation is urgent?

If your situation is urgent, you can request an urgent appeal. If your request is approved, we'll review your appeal within 72 hours. You may ask for an urgent external review to be completed at the same time as an internal urgent appeal.

Generally, an urgent situation means your health may be in serious jeopardy or, in your doctor's opinion, you may have pain that cannot be adequately controlled while you wait for a decision on your appeal.

### How do I file an appeal?

The following information is what we need to review an appeal:

- A written appeal request asking us to reconsider our decision
- The specific coverage decision you want us to review
- An explanation of why the requested service should be considered for coverage
- Any additional information that supports your position
- A copy of this letter

Mail or fax this information to:

UnitedHealthcare Appeals Unit  
P.O. Box 30575  
Salt Lake City, UT 84130-0575  
Standard Appeal Fax: 1-801-938-2100

**Urgent appeal fax: 1-801-994-1083**

Or call the toll-free member number listed on your health plan ID card.  
**Please tell us why your request is urgent.**

We'll send you a letter that explains our decision about your appeal and what you can do if you don't agree.

The person who reviews your appeal will not be the same person, or work for the person, who made the original decision.

### What if I still think this service should be covered?

If you aren't satisfied with the first level appeal decision, you can request a second level appeal. You must make the request within 60 calendar days from the date of the first level appeal decision.

We'll review your second level appeal and give you a decision within 15 days for services you haven't received yet and within 30 days for services you have received.

**What if I'm not satisfied with the outcome of my second level appeal?**  
You may be able to ask for an external review.

**What is an external review?**  
An external review is when a health care professional outside of the insurance company reviews the denial and issues a final decision.  
You will get more information about the external review process when we receive your appeal request.

**Are there other resources that can help me understand the appeal process?**  
There may be other resources available to help you understand the appeal process. For questions about your rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBESA (3272). Your state consumer assistance program may also be able to assist you at:

Community Service Society of New York  
Community Health Advocates  
633 Third Avenue, 10th Floor  
New York, NY 10017  
Toll-free telephone: 1-888-614-5400  
Website: [communityhealthadvocates.org](http://communityhealthadvocates.org)  
Email: [chan@cssny.org](mailto:chan@cssny.org)

**Other member rights**  
You may have the right to file a civil action under ERISA if all required reviews of your claim have been completed.

**Contact us if you:**

- Have questions about our decision
- Need help filing an appeal
- Need an interpreter to help you to understand the information in your language
- Need this letter in another format like large print

**We're here to help**

Please call the toll-free member number on your health plan ID card Monday through Friday, 8 a.m. to 8 p.m. local time. TTY users dial 711.

You can also visit [justplainclear.com](http://justplainclear.com) for help with definitions and medical terms.

Sincerely,

Grayson Wheatley, MD, FACS  
Medical Director

Copy to: Bhupesh Jhama



Enclosure: *Non-Discrimination Notice*

ASO Medical Necessity Outpatient Adverse  
Revised: 03/2021

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Visit [myuhc.com](http://myuhc.com) to access the cost estimator tool, view your claims, Health Statements and Explanation of Benefits, look up benefits, update account information, find a doctor or facility, or to learn more about healthy living. Registration is easy and gives you access to useful tools and information to help you take charge of your health and health care.

The company does not treat members differently because of sex, age, race, color, disability, or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability, or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC\_Civil\_Rights@uhc.com

**Mail:** Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the member toll-free phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocportal.hhs.gov/ocportal/lobby.jsf>

Complaint forms are available at: <http://www.hhs.gov/oc/office/hhs/index.html>.

Phone: Toll-free: 1-800-368-1019 or TTY: toll-free: 1-800-537-7697

**Mail:** U.S. Dept. of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

**ATENCIÓN:** Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

服務：如蒙您說中文 (Chinese)，我們免費提供語言協助服務，請撥打免費中文電話號碼。

**XIN LUN V:** Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ ID của quý vị.

服務：如蒙您說越南語 (Vietnamese)，我們免費提供語言協助服務，請撥打免費越南語電話號碼。

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Non-Discrimination Notice  
Revised: 11/2020

DI BAA'AKONJIN: Dine (Navajo) bizaad bee ya'nit'igo, saad bee aka'nida'awo'igit. 'aa  
jik'eh, bee na'ahoot', 'aa shogdi minahisooos nit'izi bee neehozinigit bine'de e' 'aa jik'ehgo  
beesh bee haane' bik'igit bee hoodit'ih.

to the (Navajo) bizaad bee ya'nit'igo, saad bee aka'nida'awo'igit. 'aa  
jik'eh, bee na'ahoot', 'aa shogdi minahisooos nit'izi bee neehozinigit bine'de e' 'aa jik'ehgo  
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jik'eh, bee na'ahoot', 'aa shogdi minahisooos nit'izi bee neehozinigit bine'de e' 'aa jik'ehgo  
beesh bee haane' bik'igit bee hoodit'ih.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche  
Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der  
Rückseite Ihres Mitgliedsausweises an.

ATENÇÃO: Se você fala português (Portuguese), contate o serviço de assistência de idiomas  
gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

UWAGA: Jeżeli mówisz po polsku (Polish), udostępniamy darmowe usługi tłumaczenia. Prosimy  
zadzwoń pod bezpłatny numer telefonu na kartce identyfikacyjnej.

ATTENTION: Si vous parlez français (French), des services d'aide linguistique vous sont proposés  
gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte  
d'identification.

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye sèvis ki gratis pou  
ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

to the (Arabic) bizaad bee ya'nit'igo, saad bee aka'nida'awo'igit. 'aa  
jik'eh, bee na'ahoot', 'aa shogdi minahisooos nit'izi bee neehozinigit bine'de e' 'aa jik'ehgo  
beesh bee haane' bik'igit bee hoodit'ih.

to the (Arabic) bizaad bee ya'nit'igo, saad bee aka'nida'awo'igit. 'aa  
jik'eh, bee na'ahoot', 'aa shogdi minahisooos nit'izi bee neehozinigit bine'de e' 'aa jik'ehgo  
beesh bee haane' bik'igit bee hoodit'ih.

PAALALA: Kung nagsasalita ka ng Tagalog (Tagalog), may makakuhang kang libreng serbisyo  
ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification  
card.

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All above information is correct

Hollis Drugs & Surgical, 206-8 Hollis Avenue, Queens Village, NY, 11429

Pharmacies

Primary Carrier (Major Medical)		ATLANTA, GA 30374 P.O. Box: 740800 077-642-0210 Ext:	
Policy #	911234726	Grp #	
Effective Date From to		Relationship	Self
Productible	Copy		

Additional Ref. Doctors

Default Physician	Vikram Narhota	Default Ref. Doctor	Saeed Siddiqui Phone: 516-256-2017 Fax: 516-256-4672
Marital Status		Emergency :	Sadie
Language		Contact	Relationship
Race		Phone	(631)842-2870
Ethnicity			mother



Acct #	110063	Phone (Res)	(718)877-7903
Name	Williams, Franklin	Phone (Work)	
Address	116-15 201 Street Bt. albans, NY 11412	Phone (Cell)	
SS #		DOB	08/29/1956
Ext		Sex	M

DEMOGRAPHICS

PATIENT DEMOGRAPHICS SHEET

6/1/2021 12:38:22PM



Cardiocare Consultants Valley Stream

10 East Merrick Rd, Suite 207  
Valley Stream, NY 11580  
Phone: (516) 256-2017  
Fax: (516) 453-0196

01/04/2021

Mohammed Z. Rahman, MD  
207 07 Hillside Avenue  
Jamaica, NY 11427

Dear Mohammed,

Thank you for referring Franklin Williams. He was seen in our office on 12/22/2020.

### History of Present Illness

Patient words: Patient is here for cath /up.

The patient is a 64 year old male who presents for follow up after cardiac catheterization. Note for "Cardiac catheterization" follow up; which showed non-obstructive CAD. His peripheral angiogram was not approved by XRS -will try again

12/22/2020 12:05 PM

Weight: 180 lb Height: 67 in

Body Surface Area: 1.93 m<sup>2</sup> Body Mass Index: 28.19 kg/m<sup>2</sup>

Temp: 98.1 °F Pulse: 85 (Regular) Resp: 12 (Unlabored) P. OX: 98% (Room air)

BP: 141/79 mmHg (sitting, Left Arm, standard)

Assessment & Plan

IC (INTERMITTENT CLAUDICATION) (443.9 | 173.9)

Problem's Impression: ASVD risk factors include elevated cholesterol, hypertension and tobacco use (Cigar smoking). Probably from long history of smoking

added Cilostazol

he agreed for peripheral angiogram

c/w walking and cilostazol

Current Plans:

• Started Pravastatin Sodium 40 MG Oral Tablet, 1 Tablet at bedtime, Mail Order #90, 90 days starting 12/22/2020, Ref. x1.

• Continued Cilostazol 50 MG Oral Tablet, 1 (one) Tablet two times daily, #60, 30 days starting 12/22/2020, Ref. x1, Mail Order #180, 90 days, Ref. x1.

SMOKING (305.1 | R17.200)

Today's Impression: Cigars on weekend--which he quit

Current Plans:

EQUIVALENT ANGINA (413.9 | 120.8)

Problem's Impression: ASVD risk factors include elevated cholesterol, hypertension and tobacco use (Cigar smoking). Today's Impression: MPI, showed ischemia in RCA area

Current Plans:

• PULSE OXIMETRY OF FINGER (94760) Routine (98%)

HYPERTENSION (401.9 | 110)

Today's Impression: as per patient it fluctuates

Monday, January 4, 2021

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Monday, January 4, 2021

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Saeed A. Siddiqui MD



Sincerely,

- BMI 28.0-28.9, ADULT (V85.24 | Z68.28)**  
**Current Plans:**
- We discussed the potential benefits of weight loss and the ideal weight range for this patient's body frame.
  - Your ideal body weight is:
  - Keep a diary of when and what you eat including liquids.

- Current Plans:**
- MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQUAL TO 140 MM HG (HTN, CKD, CAD) (DM)
  - MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG (HTN, CKD, CAD) (DM)
  - MEDICATION REVIEW BY PHARMACY (1160F) Routine ()
  - Patient Education: High Blood Pressure; Low-Sodium Diet; diet for hypertension

Williams, Franklin



2001 Marcus Avenue  
Suite E-249  
Lake Success, NY 11042  
Tel: (516) 437-5600  
Fax: (516) 437-7428

01/13/2021

Re: Williams, Franklin  
DOB: 08/29/1956

Saeed Siddiqui, MD  
10 East Merrick Road  
Suite 207  
Valley Stream, NY 11580  
Dear Dr. Siddiqui,

I had the pleasure of seeing your patient, Mr. Franklin Williams, in the office today for an interventional cardiology consultation. As you may know, he is a very pleasant 64-year-old male with past medical history of hypertension, hyperlipidemia, known advanced peripheral arterial disease who is a cigar smoker on weekends who presents today with complaints of claudication. The patient was seen in a room. The patient states he does notice claudication when walking. The patient also has been complaining of occasional left leg pain. He denies any chills or fevers. The patient states he feels okay otherwise.

**PMHx:** Hypertension, hyperlipidemia, and known advanced peripheral arterial disease.

**PSHx:** Noncontributory.

**Social Hx:** Alcohol - SOCIAL DRINKER; Smoking - CURRENT OCCASIONAL SMOKER - The patient is a current cigar smoker, but the patient states he smokes cigars on weekends.

**Fam Hx:** Noncontributory.

**Allergies:** No Known Drug Allergies

**Medications:** Plavix 50 mg b.i.d.

aspirin 81 mg tablet, delayed release TABLET DAILY

## Review of Systems:

**Constitutional:** No fevers or chills.

**Skin:** Denies dry skin. No rashes.

**Psychiatric:** No depression and No anxiety.

**Gastrointestinal:** No BRBPR or melena.

**Neurological:** No confusion, Denies seizures. Denies shuffling gait.

**Ears, Nose, Mouth and Throat:** No ear pain No sore throat.

**Eyes:** No diplopia.

Bhupesh Dhama MD

Sincerely,

Thank you for allowing me to care in the management of your patient. Please feel free to contact me should you have any questions or concerns.

**Recommendations/Plan:**  
The patient does complain of claudication. The patient's lower extremity duplex reveals evidence of moderate PAD. At this present time, I informed the patient for walking regimen. I informed the patient to walk at least 30 minutes a day. The patient should continue statin therapy.  
The patient should continue Plavix 50 mg b.i.d.  
I informed the patient the need for cardiac healthy diet.  
I informed the patient to keep his LDL close to 70 and HDL to 50.  
The patient is to give me a call if he has any symptoms. Otherwise, I informed him that I will see him in the next three months.

**Assessment:** Mr. Williams is a pleasant 64 year old male with a history as above who is here for evaluation today.

**Physical Examination:**  
General: Well nourished in no acute distress. Alert and Oriented x 3.  
Head: Normocephalic and atraumatic.  
Neck: No JVD. No bruits. Supple. Does not appear to be enlarged.  
Cardiovascular: S1, S2; The patient has a 2/6 systolic murmur at the apex.  
Lungs: CTA b/l. No rhonchi, rales or wheezes.  
Abdomen: + BS, soft. Non tender. Non distended. No rebound. No guarding.  
Extremities: Trace b/l edema The patient does have mild pre-ischemic changes.  
Neurologic: Moves all four extremities. Full range of motion.  
Skin: Warm and moist. The patient's skin has normal elasticity and good skin turgor.  
Psychiatric: Appropriate mood and affect.

**Vitals:**

Respiratory: No hemoptysis.  
Cardiovascular: See HPI.  
Hematologic/Lymphatic: Denies anemia. Denies painful nodes. Denies prolonged bleeding.  
Gastrointestinal: No hematuria. Denies flank pain.  
Endocrine: Denies significant change in weight. Normal tolerance to heat and cold.  
Otherwise Negative.



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Williams, Franklin

Williams, Franklin



2001 Marcus Avenue  
Suite E-249  
Lake Success, NY 11042  
Tel: (516) 437-5600  
Fax: (516) 437-7428

04/14/2021

Re: Williams, Franklin  
DOB: 08/29/1956

Saeed Siddiqui, MD  
10 East Merrick Road  
Suite 207  
Valley Stream, NY 11580  
Dear Dr. Siddiqui,

I had the pleasure of seeing your patient, Mr. Franklin Williams in the office today for interventional cardiology consultation. As you know, he is a very pleasant 64-year-old male with past medical history of hypertension, hyperlipidemia, known advanced peripheral artery disease who is a cigar smoker on the weekends with known claudication who presents today to follow up.

The patient was seen in a room. The patient states he has been having leg pain on walking less than 50 meters. The patient has also been complaining of lower extremity pain. The patient states he is unable to walk much. The patient states that he does have claudication on walking less than 50 to 100 meters. The patient states he feels okay otherwise.

**PMHx:** Hypertension, hyperlipidemia, known advanced peripheral arterial disease, arthritis, current smoker, moderate mitral regurgitation, and TIA.  
**PSHx:** Noncontributory.  
**Social Hx:** Alcohol - SOCIAL DRINKER; Smoking - CURRENT OCCASIONAL SMOKER - The patient is a current cigar smoker, but the patient states he smokes cigars on weekends.  
**Fam Hx:** Noncontributory.

**Allergies:** No Known Drug Allergies  
**Medications:** Plavix 50 mg b.i.d.  
The patient's medication list is not available. The patient states she will bring in the medication list.  
aspirin 81 mg tablet, delayed release TABLET DAILY

**Review of Systems:**  
**Constitutional:** No fevers or chills.  
**Gastrointestinal:** No BRBPR or melena.

Sincerely,

Thank you for allowing me to care in the management of your patient. Please feel free to contact me should you have any questions or concerns.

The patient is to call me a call if she has symptoms. Otherwise, I informed her I will see her in the next three months.

The patient should continue Escotin.

The patient should continue Plav.

The patient should continue statin therapy.

persistent symptoms.

length. The patient states that she understands the risks and would like to proceed with planned angiogram given her

I informed about the risks and benefits of angiogram. Risks including but not limited to death and stroke explained at

rest leg pain, we will schedule the patient for lower leg angiogram.

arterial disease with worsening claudication on walking less than 50 to 100 meters, now with worsening episodes of

moderate to advanced peripheral arterial disease and again, lower extremity duplex reveals moderate peripheral

100 meters. The patient has also been complaining of left leg pain. The patient's lower extremity duplex does reveal

The patient does complain of leg pain with ambulation. The patient does have claudication on walking less than 50 to

#### Recommendations/Plan:

**Assessment:** Mr. Williams is a pleasant 64 year old male with a history as above who is here for evaluation today.

**Neurologic:** Moves all four extremities. Full range of motion.

also slightly poor.

in the lower extremities. The patient does have decreased pulse sensation. The patient's right leg is

**Extremities:** The patient does have pre-ischemic changes in the lower extremities. The patient does have

**Abdomen:** + BS, soft. Non tender. Non distended. No rebound. No guarding.

**Lungs:** CTA b/l. No rhonchi, rales or wheezes.

gallops,

**Cardiovascular:** + S1, S2; RRR Soft systolic murmur at the left lower sternal border. No rubs noted. No clicks. no

**Neck:** No JVD. No bruits. Supple. Does not appear to be enlarged.

**General:** Well nourished in no acute distress. Alert and Oriented \* 3.

#### Physical Examination:

**Vitals:** 04/28/2021 08:16 AM -Heart Rate: 70 Bpm

BP: Sitting, Right Arm, Regular Cuff, 140/70 mm/Hg

Otherwise Negative.

**Genitourinary:** No hematuria.

**Hematologic/Lymphatic:** Denies anemia.

**Cardiovascular:** See HPI.

**Respiratory:** No hemoptysis.

Williams, Franklin

9  
1  
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1  
7  
2

Bhupesh Dharma MD



Williams, Franklin

Print Date: 9/28/2018

**Interpretation:**  
Right CFA: Triphasic right common femoral artery waveform. Normal right common femoral artery flow.  
Right SFA: Triphasic right superficial femoral artery waveform. Below 50 % diameter stenosis.  
Right Pop: Triphasic right popliteal artery waveform. Normal right popliteal artery flow.  
Left CFA: Triphasic left common femoral artery waveform. Normal left common femoral artery flow.  
Left SFA: Triphasic left superficial femoral artery waveform. Normal left superficial femoral artery flow.  
Left Pop: Triphasic left popliteal artery waveform. Normal left superficial femoral artery flow.  
**Conclusions:**  
1. Triphasic right superficial femoral artery waveform.  
2. Arterial color duplex evaluation of the right lower extremity reveals a nonobstructive focal stenosis in the superficial femoral artery.  
3. Triphasic left common femoral artery waveform.  
4. Normal left common femoral artery flow.

Right Side Doppler	84.25 cm/s	RI Dist CFA PS
RI Dist CFA PS	12.48 cm/s	RI Dist CFA ED
RI Prox SFA PS	100.12 cm/s	RI Prox SFA ED
RI Mid SFA PS	64.20 cm/s	RI Mid SFA ED
RI Dist SFA PS	66.64 cm/s	RI Dist SFA ED
RI Mid Pop PS	36.77 cm/s	RI Mid Pop ED
Left Side Doppler	07.38 cm/s	LI Dist CFA PS
LI Dist CFA PS	7.29 cm/s	LI Dist CFA ED
LI Prox SFA PS	75.87 cm/s	LI Prox SFA ED
LI Mid SFA PS	66.83 cm/s	LI Mid SFA ED
LI Dist SFA PS	66.89 cm/s	LI Dist SFA ED
LI Mid Pop PS	46.26 cm/s	LI Mid Pop ED
LI Dist Pop PS	7.23 cm/s	LI Dist Pop ED

Right: ..... mm Hg  
Left: ..... mm Hg  
**Segmental Pressures**

Name WILLIAMS, FRANKLIN  
Birthdate 08/28/1956  
Sex Male  
Ref. Phys DHANJAL, BATHACHAN  
Date 09/16/2018

Vascular report: Lower Extremity Arterial

CARDIO CARE CONSULTANTS  
8450 A. SIDDIQUI, MD, FACG  
10 EAST MERRICK RD, SUITE # 207  
VALLEY STREAM, NY 11580  
616-256-2017 TEL 616-256-2029 FAX

**Conclusions:**  
Continue Aspirin 81 QD and start Plavix 75 QD.  
Patient to follow up in the office post procedure.  
exercise regimen recommended.  
May 21, 2021 12:16 AM EDT  
Bhupesh Dhamra, MD, FACC  
Electronically Signed on Studycast

**Right Lower Extremity Vessels:**  
- Right common femoral artery: Angiography revealed mild luminal disease in the vessel.  
- Right Superficial Femoral: Angiography showed mild luminal irregularities.  
- Right Deep Femoral: Angiography showed minor luminal irregularities.  
- Right Popliteal: Angiography showed mild atherosclerosis.  
- Right Anterior Tibial: Angiography revealed mild luminal disease in the proximal segment  
- Right Tibio-Femoral: Angiography revealed mild atherosclerosis.  
- Right Posterior Tibial: Angiography revealed mild disease in the proximal segment. There is a discrete 60% lesion in the distal segment. The distal segment was not well visualized.  
- Right Peroneal: Angiography revealed mild luminal disease. The distal segment was not well visualized.

**Findings:**  
Technique:  
\* The risks and alternatives of the procedure and conscious sedation were explained to the patient and informed consent was obtained. Peripheral angiogram was subsequently performed. Local anesthetic was given. Access was obtained through right pedal access via right anterior tibial artery. A catheter was positioned in the right common femoral artery and right leg angiography was performed.  
- Contrast given: 25cc (diagnostic + intervention)  
- Radiation exposure: 15.75 mGy (diagnostic + intervention)  
- Medications administered: Lidocaine 10 ml SC

Study Quality: Excellent

MRN: 110069  
DOB: 1956-08-29  
Age: 64  
Gender: M  
Reading Group: Bhupesh Dhamra, MD, FACC  
Referring Group: BD  
Ordering Phys: Bhupesh Dhamra, MD, FACC  
Sonographer: 990001VASMITS  
Equipment:

**LE ANGIO Study Report**  
FRANKLIN WILLIAMS  
May 20, 2021

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