

Case Number:	CM13-0027588		
Date Assigned:	06/09/2014	Date of Injury:	05/02/2011
Decision Date:	08/04/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/23/2013

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 51-year-old male with a reported date of injury on 05/02/2011. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with left ankle and low back pain. The injured worker described his lumbar pain as (chilling pain) associated with numbness and constant spasm. The left knee pain was associated with swelling, locking and indicated intensive throbbing pain. The MRI of the left ankle dated 07/13/2012 revealed non-osteoarthritis of the calcaneal cubital joint. According to the documentation provided for review, the injured worker has previously participated in physical therapy, chiropractic care and acupuncture. According to the clinical note dated 08/26/2013, the injured worker presented ambulated with mild antalgia, improved from prior examination. The physician indicated the injured worker was able to heel walk and toe walk. In addition, there was a midline and right sacral notch tenderness. There was no tenderness of the buttocks, trochanters, thighs, calves, sacrum and sacroiliac joints. In addition, within the neurological examination the injured worker presented with negative straight leg raise. The left knee examination revealed evidence of soft tissue swelling and effusion. There was medial joint line tenderness. There was no evidence of scars, redness or increased heat. Clinical note dated 09/12/2013 indicated the injured worker continued to have calf pain but stated that he participated in physical therapy and the symptoms were improving. The injured worker's diagnoses included chronic lumbosacral strain, internal derangement of the left knee, current instability of the left ankle, status post ligament reconstruction. Injured worker's medication regimen was not provided within the documentation available for review. The Request for Authorization for Doppler Ultrasound to the left lower extremity to rule out deep vein thrombosis (DVT) was submitted on 09/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

DOPPLER ULTRASOUND TO THE LEFT LOWER EXTREMITY TO RULE OUT DEEP VEIN THROMBOSIS (DVT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle-Ultrasound, Diagnostic-Recommended.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Venous Thrombosis.

Decision rationale: Official Disability Guidelines recommend injured workers with suspected deep vein thrombosis (DVT) of the lower extremities are usually investigated with ultrasonography either by the proximal veins or the entire deep vein system. The lateral approach is thought to be better based on its ability to detect isolated calf vein thrombosis; however, it requires skilled operators and is mainly available only during working hours. These 2 ultrasound based evaluations, both with their advantages and disadvantages are about equally effective at guiding the management of patients with suspected lower extremity deep vein. Within the clinical note dated 09/12/2013 the physician indicated that he had requested the patient to have Doppler Ultrasound previously but it had not been done. The clinical note dated 08/26/2013, the injured worker denied calf pain. The clinical noted dated 09/12/2013 indicated that the injured worker continued to have calf pain, but was attending therapy and reported that his symptoms were improving. There is lack of documentation related to tenderness or warmth to the calf. The clinical documentation indicates that the injured worker is able to toe and heel walk. Therefore, the request for Doppler Ultrasound to the left lower extremity rule out deep vein thrombosis (DVT) is not medically necessary.