

Case Number:	CM13-0038676		
Date Assigned:	12/18/2013	Date of Injury:	03/29/1999
Decision Date:	04/04/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Connecticut and New York. 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 physician 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 claimant is a 57-year-old female with a reported injury of 3/29/99. The records provided for review documented that the claimant had a previous lumbar fusion and left sacroiliac fusion and suggested chronic low back and bilateral lower extremity symptoms. The claimant has a spinal cord stimulator in place. Limited exam findings are noted within the records that include tenderness over the lower back and sacroiliac joint. Motor function, sensory function, and reflexes have been noted as satisfactory. Pain has been reported with rotation of the hips. Patrick's Sign has been positive. A record dated June 2013 indicated that the claimant had no edema in the extremities. However, the claimant was reported to have complaints of left leg swelling and exam findings of mild left leg edema in August 2013. This persisted in September 2013 and was noted as unilateral left leg swelling. A doppler evaluation was requested to rule out deep vein thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doppler testing of the bilateral lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Knee and Leg.

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

Decision rationale: According to the Official Disability Guidelines (ODG), regarding Venous Thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis." ODG Guidelines go on to state that the "... Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. Studies have addressed the risk for thrombosis following major injury, and minor events, including travel, minor surgery, and minor trauma, are linked to a 3-fold increased risk for venous thrombosis. "Based on the medical records provided for review Doppler evaluation of the left lower extremity would be reasonable to rule out deep vein thrombosis. The claimant complained of left leg swelling and was noted to have unilateral swelling on examination. Despite the lack of other exam findings, the claimant would be at higher risk for deep vein thrombosis given the chronic complaints with prior surgeries. The request for Doppler testing of the bilateral lower extremities is medically necessary and appropriate.