MAXIMUS Federal Services

Case Number:	CM13-0048877		
Date Assigned:	12/27/2013	Date of Injury:	11/12/2012
Decision Date:	02/28/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/06/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 patient is a 44-year-old female who reported a work related injury on 11/12/2012, mechanism of injury was noted as a fall. The patient currently presents for treatment of the following diagnosis, chronic pain syndrome. Clinical note dated 10/09/2013 reports the patient was seen under the care of [redacted]. The provider documents the patient reports her pain level at a 3/10, to the bilateral lower extremities. The provider documents, upon closer questioning, the patient does report she is somewhat better. The provider noted bone scans of the patient's bilateral lower extremities revealed no abnormalities. The provider documents the patient walks 25 to 30 minutes daily. The provider documented the patient decreased Neurontin to 2 a day secondary to gastrointestinal upset. The provider documented the patient presented with less pain behavior, gait was still markedly antalgic, and the patient had scattered tenderness over the bilateral lower extremities. The provider documented a recommendation for the patient to undergo evaluation for functional restoration program, the patient continues to have difficulty because of chronic pain. The provider felt the patient was not a surgical candidate. The provider recommended the patient utilize Neurontin 300 mg twice a day, nortriptyline 10 mg at bedtime, and Lidoderm patch 1 to 2 patches daily. In addition, the provider recommended bilateral Doppler ultrasounds of the lower extremities to rule out blood clot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doppler Ultrasound left lower extremity:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation, Online Edition Chapter: Knee & Leg (Acute & Chronic.)

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

Decision rationale: The clinical documentation submitted for review failed to indicate that the patient presented with any objective findings of possible blood clots to the bilateral lower extremities status post work related injury sustained over a year ago. Additionally, the clinical notes did not evidence the patient presented with a high risk of developing venous thrombosis to support the request imaging study. The Official Disability Guidelines state those at risk should be considered for anticoagulation therapy during the post hospitalization period. The clinical notes failed to document any significant objective findings of symptomatology to support the current request at this point in the patient's treatment. The clinical notes did not indicate the patient presented with any significant comorbidities that would evidence the patient was at high risk of acquiring bilateral lower extremities blood clots. Given all the above, the request for Doppler Ultrasound left lower extremity is not medically necessary and appropriate.

Dopper Ultrasound right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation, Online Edition Chapter: Knee & Leg (Acute & Chronic.)

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

Decision rationale: The clinical documentation submitted for review failed to indicate that the patient presented with any objective findings of possible blood clots to the bilateral lower extremities status post work related injury sustained over a year ago. Additionally, the clinical notes did not evidence the patient presented with a high risk of developing venous thrombosis to support the request imaging study. The Official Disability Guidelines state those at risk should be considered for anticoagulation therapy during the post hospitalization period. The clinical notes failed to document any significant objective findings of symptomatology to support the current request at this point in the patient's treatment. The clinical notes did not indicate the patient presented with any significant comorbidities that would evidence the patient was at high risk of acquiring bilateral lower extremities blood clots. Given all the above, the request for Doppler Ultrasound Right lower extremity is not medically necessary and appropriate.