

Case Number:	CM14-0006923		
Date Assigned:	02/21/2014	Date of Injury:	04/01/2011
Decision Date:	07/21/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/17/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 48-year-old male with a 4/1/2011 date of injury. A specific mechanism of injury was not described. Status post total hip replacement (specific date of surgery not specified, apparently in August-September 2013). 12/27/13 determination was non-certified given no documentation of a patient at a high risk of developing venous thrombosis. 12/18/13 medical report identifies left hip pain. Another note with the same date states that the patient wants to get tested for his blood clots in legs and headache. It is also noted that the patient is on Coumadin. There is also a 12/18/13 prescription for ultrasounds, however, the reasons for the exams is not clearly legible given that the prescription is handwritten. An RFA with the same date identifies that the requested ultrasound is to rule out DVT. A 10/3/13 progress report identifies a post-op visit. No further findings were documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND BILATERAL LEGS: 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) Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-

MTUS Official Disability Guidelines (ODG) Knee and Leg Chapter, Venous Thrombosis.

Decision rationale: There is insufficient documentation in the medical records to support the necessity of the requested diagnostic studies. The patient underwent a total hip replacement, apparently in August-September 2013. The post-operative notes do not clearly identify the patient's condition. A legible rationale identifying the need of the proposed studies has not been provided. The patient is already on Coumadin and there is no indication of suspicion for deep vein thrombosis (DVT). It appears that the studies are being requested as per patient's petition. The request is not medically necessary.