

Case Number:	CM14-0105313		
Date Assigned:	09/16/2014	Date of Injury:	01/13/2004
Decision Date:	11/07/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/07/2014

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 Internal Medicine and is licensed to practice in California and Illinois. 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 patient is a 62-year-old male who was injured on 01/13/2004 when he hit his right knee on the table. He had a right knee arthroscopy in 08/2004 and right knee replacement on 1/10/2007. Diagnostic studies reviewed include UVDoppler unilateral of the right lower extremity dated 03/25/2013, interval improvement of the popliteal vein thrombosis in the right lower extremity which is now non-occlusive with color-flow; however, without compression. This patient is noted to have a right leg wound that is healing as noted on 04/22/2014. On exam, he had no sign of infection but there were a few punctuate noninfectious small lesions on the medial aspect of the calf. The patient is diagnosed with chronic deep vein thrombosis right lower extremity with breakdown of the skin medial foot. He was recommended for MRI of unspecified body part, vascular consult, debridement of ulcer and purchase of orthopedic shoes as noted on 05/15/2014, a report that has not been made available for review. There were no other significant findings documented. Prior utilization review dated 06/19/2014 states the requests for outpatient MRI of unspecified body part; vascular consult; debridement of ulcer; and purchase of orthopedic shoes with inserts are not certified as there is a lack of documented evidence to support the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI of unspecified body part: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Right knee, MRI (magnetic resonance imaging)

Decision rationale: MRI is a costly and time consuming test. The guidelines require clear indication and documentation when ordering MRI. The request does not include a body part for the MRI. It is not clear why MRI is being ordered and what disease process is being evaluated. It is not clear how MRI would alter management of the patient at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Debridement of ulcer: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Burns, Debridement, and on the Non-MTUS www.medscape.com/viewarticle/456305_7

Decision rationale: The guidelines recommend debridement of chronic wounds when they are characterized by devitalized tissue, decreased angiogenesis, hyperkeratotic tissue, exudate, and biofilm formation. The clinical documents discussed characteristics of the wound but did not adequately justify the indication for debridement. Further, the decision to debride is generally made by a surgeon. The patient has been approved for a vascular surgery consult as above and the surgeon should decide if debridement is necessary at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Purchase of orthopedic shoes with inserts: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle, Orthotic devices

Decision rationale: The guidelines recommended orthotic devices for plantar fasciitis and for foot pain in rheumatoid arthritis. The clinical documents did not identify one of the above diagnoses for the patient. It is unclear what the indication is for orthotic devices in this patient. There was a lack of clear documents and discussion to justify the use of orthoses. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.