

Case Number:	CM14-0013610		
Date Assigned:	02/26/2014	Date of Injury:	05/16/2006
Decision Date:	07/15/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in 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 injured worker is a 39 year old male with a work related injury date of 05/16/2006. The injured worker underwent an internal medicine consultation on 08/28/2013. The documentation of 12/19/2013 revealed the injured worker had a deep vein thrombosis of his right lower extremity confirmed by ultrasound and treated with an IVC filter and anticoagulant therapy. As indicated, the injured worker was monitored as an outpatient by his hematologist. The physical examination revealed the injured worker had 1+ edema to his mid calf. There were no cords. The Homan's sign was negative. The right knee was nontender to palpation. Diagnoses included deep venous thrombosis of the femoropopliteal vein and the common femoral vein resolving, status post lumbar disc fusion, right knee pain, and anxiety disorder. Treatment plan included a prescription for warfarin, also to obtain fitted compression support stockings, to elevate his legs and not perform prolonged standing. Additionally, it was indicated the injured worker would be re-evaluated by a knee specialist to help determine the source of his knee pain, and it was indicated the injured worker was being treated by his orthopedist and hematologist and there was a deferment of treatment recommendations to the appropriate specialists. The documentation of 01/07/2014 revealed the injured worker had a pain management specialist and an internal medicine, pulmonary visit. The injured worker had calf tightness with grade 1 to 2 pitting edema. The calves and thighs were diffusely tender. There was muscle atrophy with some soft tissue swelling in both calves. The diagnoses included deconditioning and atrophy of back and lower extremities, status post Greenfield umbrella with residuals, status post spinal surgery with residuals, status post deep vein thrombosis with residuals. The treatment plan included physical therapy, aquatic therapy, an MRI of the right knee, medications, and a consultation with a vascular surgeon and an internist.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CONSULTATION WITH AN INTERNIST: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, Page 163.

Decision rationale: The ACOEM Guidelines indicate that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The clinical documentation submitted for review indicated the injured worker had a consultation with an internal medicine physician previously. There was a lack of documentation indicating a necessity and a documented rationale for the request. There was lack of documented rationale for a necessity for both a vascular surgeon and an internal medicine physician. Given the above, the request is not medically necessary.