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| Case Number: | CM14-0015786 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 12/29/2012 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 01/28/2014 |
| Priority: | Standard | Application Received: | 02/07/2014 |

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 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 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 42 year old male with a date of injury of 12/29/2012. He had a slip and fall injury. His left knee hit the floor and sutures were required to repair a laceration. On 03/19/2013 a left knee MRI revealed mild degenerative subchondral marrow edema with a medial meniscus tear, a lateral meniscus tear and a complete rupture of the anterior cruciate ligament. On 04/02/2013 imaging was negative for a DVT. On 09/23/2013 and on 01/07/2014 he had left knee and ankle pain. There was posterior distal thigh scar with redness and slight swelling around the scar. There was tenderness of the left popliteal fossa and proximal gastrocnemius, positive McMurray's test, positive drawer's test and a negative Homan sign. Valgus and Varus tests were positive. On 01/21/2014 another ultrasound of the left lower extremity was negative for a DVT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascular Surgeon Consultation and Possible Testing for DVT: Upheld

Claims Administrator guideline: The Claims Administrator 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 7, Independent Medical Examination in Consultations, page 127

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 7, Independent Medical Examination in Consultations, page 127

Decision rationale: ACOEM Chapter 7, page 127 notes that consultations may be needed when medically necessary for an opinion or analysis. The date of the request for the vascular consult and possible testing for a DVT was on 01/13/2014. On 04/02/2013 and on 01/21/2014 ultrasound examinations were negative for a DVT. On 09/23/2013 and on 01/07/2014 the examinations for the left lower extremity were similar and it has already been documented on a MRI that he had left knee meniscus tears and an ACL tear. Valgus, Varus, Drawer and McMurray's testing was positive and was consistent with the meniscus and ACL injuries. There was no change in his clinical exam and a DVT after 01/13/2014 was ruled out on 01/21/2014. There was no documentation of any vascular injury and no change in his clinical exam after a DVT was ruled out twice. There is insufficient documentation to substantiate the medical necessity of a vascular consultation and the ultrasound has already ruled out a DVT. Therefore, this request is not medically necessary.