

<b>Case Number:</b>	CM14-0019791		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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, Colorado, Kentucky, and North Carolina. 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 52 year old male who reported an injury regarding his lower extremities. The endovenous laser therapy operative report dated 10/22/13 indicates the right lower extremity undergoing treatment. The AME dated 11/15/13 indicates the injured worker having complaints at several sites. The note indicates the injured worker having previously undergone a left knee surgery in September of 2012 as well as a left shoulder surgery in May of 2013. The injured worker was also identified as having digestive complaints. The note indicates the injured worker utilizing Omeprazole to address this. The utilization review dated 01/27/14 resulted in a denial for a duplex scan as the request includes treatment for 6 exams. No information was submitted regarding the need for the number of exams in such a short period of time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DUPLEX SCAN OF EXTREMITY VEINS QTY: 6.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Venous thrombosis.

**Decision rationale:** The request for a duplex scan of extremity veins x 6 is not indicated as medically necessary. The documentation indicates the injured worker complaining of pain at several sites to include GI upset. There is an indication the injured worker is demonstrating significant venous findings in the lower extremities. However, no information was submitted indicating the medical need for 6 duplex scans. It would be reasonable to document the findings of the initial exam prior to the approval of additional exams. Therefore, this request is not indicated as medically necessary.