

Case Number:	CM14-0121777		
Date Assigned:	09/25/2014	Date of Injury:	12/09/2013
Decision Date:	12/08/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/01/2014

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 Family Medicine and is licensed to practice in Florida. 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 68-year-old female who sustained a work related injury on 12/9/2013. The mechanism of injury is described as a slip and fall that resulted in a left lower extremity injury. She was taken to a local emergency room and diagnosed with a left ankle fracture, and a hairline fracture of the right humerus. Regarding the left ankle fracture, she was seen by the Orthopedics service and placed in a posterior splint, which was eventually changed to a short leg cast. 2/2014 x-rays showed healing of the left ankle fracture. A 3/19/2014 physical therapy note mentioned that the patient was having pain and swelling in her calf. The physical therapist recommended that in light of the patient's past history of blood clots that she follow up with her primary physician for further evaluation. A Homan's test was noted to aggravate symptoms on the physical exam portion of this progress note. A 4/11/2014 orthopedic follow-up progress note states under past surgical history, "s/p MI 1 wk after injury due to DVT with IVC filter placed." This documentation implies that she was diagnosed with a DVT and PE 1 week following her 12/9/2013 injury. Current outpatient prescriptions include Xarelto on this progress note. This orthopedic follow up note states negative Homan's test and soft compartments. 1+ pitting edema in noted to the entire left lower extremity. A 4/16/2014 progress note by an Occupational health services physician notes "hardness to posterior calf and very tender." A 5/14/2014 note indicates that the patient is still waiting on approval for a repeat Doppler ultrasound (implying that one must have been ordered in April 2014 following the abnormal physical exams.) This visit note does state that her symptoms are much improved. On 5/21/2014 the patient is seen by an internal medicine pulmonologist physician regarding taking over management of her internal medicine problems, such as the history of Pulmonary Embolism (PE) and DVT since the occupational medicine physician did not feel qualified to treat these conditions. He also states that the PE and DVT were diagnosed in 12/2013. He correctly states that the history of an MI is suspect, as

pulmonary embolisms will cause elevated troponins. His note indicates a normal physical exam without any edema observed. A 7/2014 Occupation medicine note still states that there is left foot swelling present. There is a 7/21/2014 addendum note stating that Pulmonary is requesting a repeat left lower extremity Doppler ultrasound to rule out residual DVT since the patient has persistent swelling and pain. A utilization review physician did not certify the request, citing as his reason that there has been no significant change in signs and symptoms since the last ultrasound. He also listed some statements made in the ODG that are about venous Doppler ultrasounds, but having nothing to do with this situation. Likewise, an Independent Medical review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Ultrasound of the left leg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and leg chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate. Overview of the treatment of lower extremity deep vein thrombosis (DVT.) Authors: Gregory YH Lip, MD, FRCPE, FESC, FACC, Russell D Hull, MBBS, MSc. 12/3/2013.

Decision rationale: The California MTUS guidelines are silent on this matter. The ODG guidelines discuss obtaining a Doppler ultrasound if a DVT is suspected, but are otherwise also silent on this matter. No guidance is provided by these guidelines for when a Doppler ultrasound should be repeated. Likewise, outside guidelines from Uptodate were utilized in forming this determination. Uptodate states, "Patients should be monitored for the complications of DVT as well as those of anticoagulation. These include further clot extension, recurrence, embolization, post-thrombotic (postphlebotic) syndrome, chronic thromboembolic pulmonary hypertension, bleeding, and thrombosis-related or bleeding-related death." In this patient's case there are several excellent reasons to repeat a Doppler ultrasound. Usually, if a patient had been diagnosed with a DVT and completed 3-6 months of anticoagulation and is symptom free there is no need for a repeat ultrasound. But, in a case like this one where symptoms have not resolved and are ongoing, the possibility of a residual (or chronic) DVT or a brand new (recurrent) DVT needs to be explored. If indeed a recurrent DVT is diagnosed then the patient may have failed anticoagulation with their current anticoagulant, assuming compliance with said anticoagulant. Failure to find a recurrent DVT could lead complications such as post thrombotic syndrome. A pulmonary embolism is a further complication in many of these situations, but since this patient already has an IVC Filter in place this is of less concern in her case. The utilization reviewer's assertion that "there has been no significant change in signs and symptoms since the last ultrasound" is exactly why this ultrasound should be repeated. Usually, symptoms resolve after treatment for a DVT. This patient's symptoms 8 months later are still persistent (by this time,

usually a DVT that has been treated has resolved) and this requires further investigation. This request for a repeat left lower extremity ultrasound is medically necessary.