

Case Number:	CM14-0150297		
Date Assigned:	09/18/2014	Date of Injury:	08/16/2013
Decision Date:	11/24/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/15/2014

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 Vascular Surgery and is licensed to practice in California. 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 49 year old female who was injured on August 16, 2013 when she fell off a ladder breaking her femur. Prior treatment history included Xarelto, Carvedilol, Nitroglycerin, Paroxetine, Diovan, left knee steroid injection, and physical therapy sessions. Her surgical history included left femoral neck pinning, right knee repair, hernia repair, and C-section. Follow up report dated September 16, 2014 documented the patient to have complaints of right knee and low back pain which she rated as 10/10. Physical examination revealed mild swelling over left knee, tenderness over both knees, paraspinal muscle tenderness, and skin mottling from mid-shin down to the ankle. The patient was diagnosed with bilateral knee pain and was recommended for a cardiologist consultation for possible MI and a psychiatrist consultation for her severe depression. The patient was also recommended to continue physical therapy for her low back, and to follow up in 4-6 weeks. Prior Utilization Review dated August 26, 2014 modified the request for bilateral lower extremities ultrasonography to left lower extremity ultrasonography as the guidelines state that a diagnosis is necessary. The patient already had established DVT in her left leg; moreover, the disease is unilateral in nature. Therefore, it is not necessary to have a right leg ultrasonography. The UR decision was based on reports that were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient ultrasound of bilateral lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Deep Vein Thrombosis (DVT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://higherlogicdownload.s3.amazonaws.com/SVUNET/4595d589-24e0-456c-bd1d-ea83a0e1335a/UploadedImages/Documents/SVU_Venous_Guideline2011.pdf

Decision rationale: The rationale for bilateral venous testing is based on Society for Vascular Surgery guidelines for duplex ultrasound testing which recommends bilateral testing in the evaluation of patient with prior DVT. Bilateral testing is necessary to establish a diagnosis of chronic, i.e. prior, versus acute thrombus; this determination is based on comparison of deep vein caliber and thrombus echogenicity. My review of this patient's medical record indicated prior medical conditions of Right knee osteoarthritis and cardiomyopathy, in addition to her history of prior left lower limb DVT. The indication of venous duplex swelling was prior DVT and new left calf pain. This symptom requires direct imaging of calf veins for incompressibility. My review of the medical record indicated this woman was being considered for Right knee replacement, and because of her history of contralateral leg DVT, a prophylactic inferior vena cava filter placement. This is additional rationale for bilateral venous duplex ultrasound testing. Bilateral testing in this patient should include: 1. direct imaging for left calf vein thrombosis, and 2. assessment of the Right lower limb for any venous abnormality to serve as a baseline for future planned knee joint replacement. Unilateral testing is appropriate only in outpatients with suspected DVT based on unilateral symptoms such as pain and swelling. Unilateral testing does require bilateral common femoral vein analysis. In patients, with prior DVT, bilateral testing is the standard of care. Based on my review of the medical record, including consideration of her other medical conditions, the request for Bilateral Venous Duplex Ultrasound Testing is medically necessary.