

Case Number:	CM14-0153419		
Date Assigned:	09/23/2014	Date of Injury:	10/18/2013
Decision Date:	10/27/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for knee, ankle, and leg pain reportedly associated with an industrial injury of October 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; MRI imaging of the ankle of January 6, 2014, notable for a tendon tear; and work restrictions. In a Utilization Review Report dated August 30, 2014, the claims administrator denied a request for a left lower extremity venous duplex ultrasound. The applicant's attorney subsequently appealed. In a progress note dated July 7, 2014, the applicant reported persistent complaints of ankle pain, 7/10. The applicant stated that her pain was worsened as a result of being on her feet all day. The applicant was 47 years old, it was stated. The applicant had no significant past medical history, it was acknowledged, and was a nonsmoker. The applicant's BMI was 27. Tenderness was noted about the medial calf, with no obvious deformation or erythema about the calf, it was stated in one section of the report. In another section of the report, it was stated that there were local ecchymosis present about the medial gastrocnemius area without significant swelling present. No palpable cord was present, it was stated in a third section of the report. Ultrasound testing of the left lower extremity was sought to exclude a DVT (deep vein thrombosis).

IMR ISSUES, DECISIONS AND RATIONALES

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

Venous ultrasound left lower extremity, per 8/11/14: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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: Original copyright 2006; revised 2010--AIUM Practice Guidelines--Peripheral Venous Ultrasound, Practice Guideline for the Performance of Peripheral Venous Ultrasound Examinations

Decision rationale: The MTUS does not address the topic. As noted by the American Institute of Ultrasound and Medicine (AIUM), indications for peripheral venous ultrasound examinations include the evaluation of possible venous thromboembolic disease or venous obstruction in symptomatic or high-risk asymptomatic individuals. In this case, the applicant is reportedly symptomatic. The applicant did report complaints of left lower extremity pain on and around the date in question. The applicant, per one section of the attending provider's progress note, referenced above, did exhibit issues with pain, swelling, and local ecchymosis about the left calf. The applicant did report pain in the area. The attending provider indicated that he suspected a possible venous thrombosis, given the spontaneous development of left lower extremity swelling and the applicant's associated complaints of pain. Ultrasound testing to establish the presence or absence of a DVT is indicated. Therefore, the request is medically necessary.