

Case Number:	CM14-0048959		
Date Assigned:	06/25/2014	Date of Injury:	06/30/1992
Decision Date:	07/25/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/26/2014

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, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 62-year-old male with a reported injury on 06/30/1992. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/06/2014 reported that the injured worker complained of lumbar pain and swelling in the legs and tenderness in the calf. The injured worker also complained of difficulty sleeping due to the pain. The physical examination of the lumbar spine revealed restricted mobility with spasms to the paraspinal musculature. The injured worker had a positive straight leg raise. It was reported that the injured worker had positive calf tenderness and positive Homan's test. The injured worker's diagnoses included status post arthrodesis instrumentation of cervical spine with removal of hardware; left shoulder impingement syndrome; distal radius and status post left wrist arthroscopy surgery from fracture; lumbar disc herniation; status post open reduction and internal fixation of the left tibia with stenosis takedown and peroneal tendinopathy, left foot; postsurgical trauma, anxiety and depression and insomnia; and constipation with medications. The provider requested venous arterial Doppler ultrasound of the lower extremities, the rationale was not provided within the clinical notes. The request for authorization was submitted on 03/23/2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venous Doppler Ultrasound of the Lower Extremities: Upheld

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

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

Decision rationale: The request for venous Doppler ultrasound of the lower extremities is non-certified. It is reported that the injured worker complained of swelling in the legs and tenderness in the calves. The treating physician's rationale for the venous Doppler ultrasound was not provided within the clinical notes. The Official Disability Guidelines state that the use of a 2-point ultrasonography to diagnose DVT frequently requires repeated testing in 1 week to detect calf DVT, which can extend to the proximal veins. Whole-leg Doppler ultrasonography generally obviates this requirement, making 1-day testing possible. It is noted that the injured worker had swelling and tenderness to legs, with a positive Homan's test. There was a lack of clinical information indicating the lower extremities temperature and color change, and if the pulses are palpable. There is also a lack of clinical information indicating muscular weakness to the lower extremities. Given the information provided, there is insufficient evidence to determine appropriateness of venous Doppler ultrasound of the lower extremities to warrant medical necessity; as such, the request is not medically necessary.

Arterial Doppler Ultrasound of the Lower Extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Arterial ultrasound TOS testing.

Decision rationale: The request for arterial Doppler ultrasound of the lower extremities is non-certified. It is noted that the injured worker complained of swelling and tenderness to the legs, with a positive Homan's test. The treating physician's rationale for the arterial Doppler ultrasound was not provided within the clinical notes. The Official Disability Guidelines recognize that arterial evaluation using Doppler ultrasound have been suggested. It is noted that the injured worker has swelling and tenderness to legs, with a positive Homan's test. There is a lack of clinical information indicating the lower extremities temperature and color change, and if the pulses are palpable. There is also a lack of clinical information indicating the lower extremity muscle strength. Given the information provided, there is insufficient evidence to determine appropriateness of arterial Doppler ultrasound of the lower extremities to warrant medical necessity; as such, the request is not medically necessary.