

Case Number:	CM14-0052952		
Date Assigned:	07/07/2014	Date of Injury:	08/16/2010
Decision Date:	09/05/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/21/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 40 year-old female who was reportedly injured on 8/16/2010. The mechanism of injury is noted as an industrial. The most recent progress note, dated 1/27/2014, indicates that there are ongoing complaints of low back pain that radiates into the right lower extremity. The physical examination demonstrated right foot: 1+ pre-tibial edema, gait limited and antalgic guarded weight-bearing. No recent diagnostic studies are available for review. Previous treatment includes medications and conservative treatment. A request was made for venous Doppler of the lower extremities, and was not certified in the pre-authorization process on 4/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doppler Venous Ultrasound 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, Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Knee & Leg (Acute & Chronic). Ultrasound diagnostic updated 6/15/2014.

Decision rationale: Diagnostic ultrasound is recommended as indicated below. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by magnetic resonance image (MRI). In addition to MRI, sonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up. After review of the medical documentation is noted the injured worker does have one plus pretibial edema, otherwise the exam is pretty benign. Therefore lacking supporting documentation for the need of this diagnostic study, the request for an ultrasound is deemed not medically necessary.