

Case Number:	CM14-0073592		
Date Assigned:	07/16/2014	Date of Injury:	03/15/2006
Decision Date:	09/19/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/20/2014

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 & 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 records, presented for review, indicate that this 65 year old male was reportedly injured on 3/15/2006. The mechanism of injury is undisclosed. The most recent progress note, dated 4/9/2014, indicated that there were ongoing complaints of low back pain that radiated in the left lower extremity. The physical examination was scanned but is difficult to read. There was positive edema of the lower extremities bilateral and pitting, left knee had positive tenderness, and limited range of motion. Diagnostic imaging studies included an ultrasound of the bilateral lower extremities which revealed right sided deep vein thrombosis (DVT) on 9/5/2013. Previous treatment included lumbar surgery, previous ultrasound, medications, and conservative treatment. A request was made for ultrasound of the right lower extremity to rule out a blood clot and was not certified in the preauthorization process on 5/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of lower extremity: Upheld

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

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 (Acute & Chronic) Venous Thrombosis, Updated 8/25/2014.

Decision rationale: Official Disability Guidelines (ODG) state ultrasound is used to evaluate a patient suspected of having a deep vein thrombosis (DVT). Guidelines state an ultrasound requires repeat testing in one week to detect calf DVT which can extend to the proximal vein. However, there is no documentation or recommendations of doing repeat ultrasound after one week in patients having been diagnosed with the current DVT and have started on anticoagulation medication. Therefore, the request for repeat ultrasound is not medically necessary.