

<b>Case Number:</b>	CM14-0090156		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/16/1999
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 56 year old female who sustained an injury to her left lower extremity on 05/16/99. Mechanism of injury was not documented. Emergency services report dated 03/14/14 reported that the injured worker presented to the emergency department with complaints of pain in her left calf. The injured worker had a history of prior deep vein thrombosis in her left calf. The injured worker was taking Xarelto, but told to stop taking this about a month ago. The injured worker was currently on Aspirin. The injured worker reported she had multiple left knee surgeries, but none recently. The injured worker reported having cramping pain in the left calf that started approximately two days prior. The injured worker was worried she might have recent recurrent deep vein thrombosis so she came to the ED. Clinical note dated 04/23/14 reported that the injured worker continued to complain of left lower extremity pain at 7/10 on the visual analog scale. The injured worker had not had any recent diagnostic testing. Physical examination noted ace bandage on the left knee with post-surgical swelling and no allodynia; motor strength 5/5 in bilateral lower extremities; decreased sensation in stocking distribution of the lower extremities; no reflex deficits; no clonus; negative Hoffman's sign; straight leg raise negative. The injured worker was diagnosed with knee enthesopathy, peripheral neuropathy, and complex regional pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left thigh ultrasound:** 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-Knee & Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis chapter, Ultrasound (Sonography).

**Decision rationale:** The request for left thigh ultrasound is not medically necessary. Previous request was denied on the basis that physical examination noted the pain was below the knee; however, the request is for thigh ultrasound. There were no objective findings in the thigh or subjective complaints related to the thigh. There was also no documented suspicion for any type of venous thrombosis in the thigh. Therefore, it was unclear why an ultrasound was being requested for that body part. There was no indication that the injured worker was anticipated to receive an injection in the hip that would require ultrasound guidance. After reviewing the clinical documentation submitted, there was no additional significant objective clinical information provided for review that would support reversing the previous adverse determination. Given this, the request for left thigh ultrasound is not indicated as medically necessary.