

Case Number:	CM14-0182573		
Date Assigned:	11/07/2014	Date of Injury:	09/13/1996
Decision Date:	01/16/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/03/2014

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 Internal Medicine 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 66-year-old gentleman with a date of injury of 09/13/1996. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 04/16/2014, 09/10/2014, and 10/01/2014 were reviewed. The handwritten notes were challenging to read with confidence, and the noted dated 10/01/2014 page two was not submitted for review. These records indicated the worker was experiencing on-going right shoulder pain and left knee and calf pain. The worker had an episode of left knee buckling and increased calf pain in the end of 09/2014 that slowly improved. Documented examinations consistently described positive right Hawkins, Neer, and impingement signs; right shoulder tenderness; decreased right shoulder motion; a left knee skin lesion; left knee tenderness and stiffness; and left leg weakness. The submitted and reviewed documentation concluded the worker was suffering from a left knee skin lesion; left leg muscle spasm; injury to inner ears, left calf pain, and right shoulder impingement syndrome with subacromial bursitis. Treatment recommendations included oral pain medications, medication injected into the right shoulder, MRI imaging of the right shoulder, unspecified therapy for the left knee, urinary drug screen testing, follow up care, and an ultrasound imaging of both legs. A Utilization Review decision was rendered on 01/01/2014 recommending non-certification for doppler ultrasound of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doppler Ultrasound (Lower Extremities): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Grant BJB, et al. Diagnosis of suspected deep vein thrombosis of the lower extremity. Topic 1351, version 32.0. UpToDate, accessed 01/13/2015

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. Under certain circumstances, clots can form in leg blood vessels (deep vein thrombosis or DVT), causing blocked vessels. Sometimes these clots or pieces of these clots can break off and travel through the body to the lungs, which can be a serious condition. Common signs of a DVT include leg swelling, pain, and increased warmth. Because these signs can also represent many other issues, especially muscle tear or strain, the guidelines recommend individualized risk assessment if a DVT is suspected before investigative imaging is done. Some risk factors include recent major surgery; the blood test d-Dimer is high without a known reason, recent bed rest or significantly decreased activity, or a known condition causing increased clots to form in the body. The submitted and reviewed records indicated the worker was experiencing on-going right shoulder pain and left knee and calf pain. The worker had an episode of left knee buckling and increased calf pain in the end of 09/2014 that slowly improved. There was no discussion suggesting the presence of risk factors for this condition, and the only suspicious finding was very non-specific and more consistent with a muscle injury or re-injury. In the absence of such evidence, the current request for Doppler ultrasound of the lower extremities is not medically necessary.