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| <b>Case Number:</b>   | CM14-0187686 |                              |            |
| <b>Date Assigned:</b> | 11/17/2014   | <b>Date of Injury:</b>       | 03/09/2001 |
| <b>Decision Date:</b> | 01/06/2015   | <b>UR Denial Date:</b>       | 10/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/11/2014 |

### 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 Preventive Medicine, has a subspecialty in Occupational 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 59 year old male who was injured at work on 03/09/2001. He is reported to be complaining of difficulty falling asleep, frequently waking from sleep; swelling and discoloration of the left lower extremity. The physical examination revealed discoloration of limited range of motion of the knee and ankle, left lower extremity and pitting edema with hyperpigmentation. The worker has been diagnosed of multiple fractures of left lower extremity with arterial injury. Cervical spine disc bulge, thoracic spine strain, probable lumbar spine disc rupture, probable right shoulder internal derangement, right thumb strain, left knee strain with internal derangement, left leg fracture, and possible left ankle internal derangement, left foot fracture. At dispute are the requests for Lower left leg arterial doppler ultrasound, Sleep study, and Orthopedic mattress for the left leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lower left leg arterial doppler ultrasound:** 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 Other Medical Treatment Guideline or Medical

Evidence: Medscape, Imaging in Lower-Extremity Atherosclerotic Arterial Disease  
<http://emedicine.medscape.com/article/423649-overview>.

**Decision rationale:** The injured worker sustained a work related injury on 03/09/2001. The medical records provided indicate the diagnosis of multiple fractures of left lower extremity with arterial injury. Cervical spine disc bulge, thoracic spine strain, probable lumbar spine disc rupture, probable right shoulder internal derangement, right thumb strain, left knee strain with internal derangement, left leg fracture, and possible left ankle internal derangement, left foot fracture. The medical records provided for review do not indicate a medical necessity for Lower left leg arterial doppler ultrasound. While both the MTUS and the Official Disability Guidelines are silent on this topic, Medscape recommends comparing pulse volume (plethysmography) and blood pressure measurements in the upper and lower extremities (Ankle-brachial index) as the first step in imaging assessment of a patient with lower-extremity atherosclerotic arterial disease. Medscape recommends arterial Doppler ultrasound as a second line test for this condition. Therefore, since the records reviewed did not provide any information regarding the ankle brachial index, the requested test is not medically necessary and appropriate.

#### **Sleep study:**

**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) <Insert Section (for example Knee)>, < Polysomnography>

**Decision rationale:** The injured worker sustained a work related injury on 03/09/2001. The medical records provided indicate the diagnosis of multiple fractures of left lower extremity with arterial injury. Cervical spine disc bulge, thoracic spine strain, probable lumbar spine disc rupture, probable right shoulder internal derangement, right thumb strain, left knee strain with internal derangement, left leg fracture, and possible left ankle internal derangement, left foot fracture. The medical records provided for review do not indicate a medical necessity for Sleep study. The MTUS is silent on the topic, but the official Disability Guidelines recommends sleep study for individuals with insomnia complaint of at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and in whom psychiatric etiology has been excluded. Therefore, the requested treatment is not medically necessary and appropriate since the documents reviewed did not provide any information on the duration of the problem and what forms of treatment have been found to be unsuccessful. The request is not medically necessary.

#### **Orthopedic mattress for the left leg: 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), Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Low Back - Lumbar & Thoracic (Acute & Chronic)>, < Mattress selection>

**Decision rationale:** The injured worker sustained a work related injury on 03/09/2001. The medical records provided indicate the diagnosis of multiple fractures of left lower extremity with arterial injury, Cervical spine disc bulge, thoracic spine strain, probable lumbar spine disc rupture, probable right shoulder internal derangement, right thumb strain, left knee strain with internal derangement, left leg fracture, and possible left ankle internal derangement, left foot fracture. The medical records provided for review do not indicate a medical necessity for orthopedic mattress for the left leg. While the MTUS is silent on the topic, the official Disability Guidelines recommends against any type of specialized mattress because there has been no high quality study supporting the use of any type specialized mattress. The request is not medically necessary.