

Case Number:	CM14-0203537		
Date Assigned:	12/16/2014	Date of Injury:	07/25/2011
Decision Date:	02/11/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/05/2014

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 Acupuncture & Pain Medicine and is licensed to practice in California. 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:

35y/o male injured worker with date of injury 7/25/11 with related left leg, and foot pain. Per progress report dated 11/19/14, it was noted that the injured worker had darkened skin at his left ankle with prominent veins on the left foot, with no edema. The assessment was noted as venous insufficiency of the left greater saphenous vein, which was ultrasound proven, with skin changes and symptoms in spite of compression stockings. The patient stated his lower leg, ankle, heel, and foot had intermittent soreness, and a throbbing sensation and discomfort after vigorous activities the next day. The patient had mild bruising and the ankle had mild inflammation. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 12/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ablation of Left Greater Saphenous Vein under Ultrasound Guidance: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Endovenous ablation for the treatment of chronic venous insufficiency and venous ulcerations. Marrocco CJ. Atkins MP. Bohannon WT. Warren TR. Buckley CJ. Bush RL.

Decision rationale: The MTUS and ODG are silent on saphenous vein ablation. Per the above noted citation: Chronic venous Insufficiency with active or healed ulceration is commonly seen in our academic vein center. In this series, endovenous ablation allowed for excellent healing rates and acceptable recurrent ulcer rates. The medical evidence supports the requested procedure. It is not mandated that ultrasound evidence be documented. The injured worker has had this procedure in the past with benefit. The request is medically necessary.