

Case Number:	CM14-0205847		
Date Assigned:	01/29/2015	Date of Injury:	02/28/2012
Decision Date:	03/10/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

A 60-year-old female claimant status post industrial injury February 28, 2012. The claimant is status post open reduction internal fixation of the left knee and right distal tibia and 2012. She is status post left total knee arthroplasty on July 23, 2014. Exam note November 7, 2014 demonstrates continued and symptomatic hardware over the anteromedial aspect of the right distal tibia. The ankle joint. Tenderness was noted over the retained hardware at the anterior medial aspect of the right distal tibia. Request is made for removal of hardware and a 1-2 day hospitalization for pain management this provider states his require 16-18 cm incision which could be painful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lower Extremity Venous 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) Ankle and Foot Chapter; Knee and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Venous thrombosis

Decision rationale: CA MTUS/ACOEM is silent on the issue of venous duplex. According to the ODG, knee and leg section, venous thrombosis, recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In this case the exam notes from 11/7/14 do not justify a prior history or current risk of deep vein thrombosis to justify lower extremity venous ultrasound. Therefore the determination is for non-certification.