

Case Number:	CM15-0000438		
Date Assigned:	01/12/2015	Date of Injury:	08/16/2011
Decision Date:	03/17/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/02/2015

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: Texas

Certification(s)/Specialty: 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:

The injured worker is a 41-year-old male who reported an injury on 08/16/2011. The mechanism of injury reportedly occurred when the injured worker tried to break up a fight and was assaulted by 3 suspects and kicked in the knee repeatedly. His diagnoses included bilateral greater saphenous and lesser saphenous varicosities. Past treatments included pain medications, use of H-Wave, use of stockings and elevation for 6 months, physical therapy, stretching, multiple surgeries and work restrictions. Diagnostic studies included a Three Phase Bone Scan of the lower legs on 11/18/2014, which revealed normal findings and an ultrasound of the bilateral lower extremities on 12/04/2014, which was noted to reveal bilateral greater and lesser saphenous varicosities with a high degree of reflux in all four saphenous systems. His surgical history includes several surgeries to the right lower extremity including right knee synovectomy and medial femoral chondroplasty. At his follow-up visit on 10/01/2014, the injured worker complained of increased right leg pain with swelling and discoloration. He stated that this had been occurring intermittently. Physical examination revealed swelling and alopecia of the right calf and distal right leg. It was noted that the injured worker's right lower extremity issues could be vascular or chronic regional pain syndrome. A bone scan was requested to evaluate for chronic regional pain syndrome and a referral was given for a vascular consult. The injured worker had a vascular consult on 11/07/2014. He reported varicose veins, swelling, and increasing pain of the bilateral lower extremities, noted to be affecting the right leg more than left. It was noted that he had no history of deep vein thrombosis. He had tried non-steroidal anti-inflammatory drugs, compression stockings, and elevation for over 6 months with no

improvement. His symptoms interfere with activities of daily living and his ability to work. Physical examination revealed swelling of the bilateral lower extremities, right worse than left. He had positive edema and varicosities. Venous ultrasound of the bilateral lower extremities was recommended. The prior review indicated that the injured worker had a follow-up appointment on 12/05/2014, after review of his ultrasound results, the provider recommended a saphenous closure x4 with postclosure ultrasound x4, and postclosure visits x2. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Saphenous closure x4 with post closure Ultra Sound x4: 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 Gloviczki, Peter, et al. "The care of patients with varicose veins and associated chronic venous diseases: clinical practice guidelines of the Society for Vascular Surgery and the American Venous Forum." *Journal of vascular surgery* 53.5 (2011): 2S-48S.

Decision rationale: The request for Saphenous closure x4 with post closure Ultra Sound x4 is not medically necessary. According to the Gloviczki 2011 article, the treatment of symptomatic recurrent varicose veins should be performed after careful evaluation of the patient with duplex scanning to assess the etiology, source, type, and extent of recurrent varicose veins. The prior review indicated that an ultrasound was reviewed on 12/05/2014 and was noted to reveal bilateral greater and lesser saphenous varicosities with a high degree of reflux in all four saphenous systems. However, the official ultrasound report and the office visit for 12/05/2014 was not submitted with the documentation for review. In addition, the clinical information indicated that the injured worker had swelling of the right calf, alopecia, and discoloration. However, the vascular consult dated 11/07/2014 noted swelling, pain and venous reflux in the bilateral lower extremities. Given the absence of the official ultrasound report and the physical examination dated 12/05/2014 with documentation of objective findings, the request is not supported. Therefore, the request for Saphenous closure x4 with post closure Ultra Sound x4 is not medically necessary.

Post Closure Visits x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 12th Edition (web), 2014 Pain Chapter, Office Visits

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.