

Case Number:	CM15-0002027		
Date Assigned:	01/13/2015	Date of Injury:	06/05/2009
Decision Date:	03/16/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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: California, Illinois
 Certification(s)/Specialty: Internal Medicine

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 65-year-old female who reported an injury on 06/05/2009. She was diagnosed with anterior talofibular ligament tear, left ankle. Other therapies were noted to include medications, physical therapy, and surgery. On 10/24/2014, the injured worker reported for re-evaluation regarding a painful condition of the left ankle. She was noted to be status post peroneus brevis tendon repair and anterior talofibular ligament repair. The treating physician indicated the injured worker was progressing; however, the injured worker continued to have swelling about the left ankle with weight bearing activities. Upon physical examination of the left ankle, she was noted to have a well healed surgical incision site. There was mottling and swelling about the left foot, consistent with venous congestion. Neuro-circulation was intact to the lower extremity. There was good stability present. At the time, range of motion remained decreased and was not assessed due to recent surgery. Her current medications were noted to include Motrin 800 mg and Percocet 10/325 mg; however, the frequency was not provided. The treatment plan was noted to include ice and elevation, weight bearing as tolerated, re-authorization for postoperative physical therapy and authorization for knee high compression stockings. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venous doppler ultrasound of the LLE: 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: MedlinePlus, Doppler ultrasound, Online database.

Decision rationale: The request for venous Doppler ultrasound of the LLE is medically necessary. According to the Medline Plus, a Doppler ultrasound may be performed to aid in diagnosis of arteriosclerosis of the arms or legs, a blood clot (deep vein thrombosis), or venous insufficiency. The clinical documentation submitted for review did provide evidence that the injured worker reported leg pain and swelling to left lower extremity. Additionally, it was noted upon physical examination there was mottling and swelling about the left foot, consistent with venous congestion. Furthermore, it was noted that the injured worker was status post peroneus brevis tendon repair and anterior talofibular ligament repair. A left lower extremity ultra sound can aide in the diagnosis of a life threatening condition. Given there was concern for a potential blood clot and the injured worker has signs and symptoms of a potential blood clot the request would be supported by the guidelines. As such, the request is medically necessary.