

<b>Case Number:</b>	CM15-0004792		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 51 year old female patient, who sustained an industrial injury on 01/14/2011. A primary treating office visit follow up dated 12/03/2014 reported the home IFC unit is extremely helpful with bilateral ankles and allows her to continue working with a decreased need for office based treatments. She manages the pain both with over the counter NSAIDS and home IFC HEP. She was diagnosed with bilateral peri-shoulder, tendonitis impingement, right hip trochanteric bursitis, right ankle and history for bilateral lower extremity deep vein thrombosis (DVT). She is prescribed returning to full work duty on 12/03/2014. On 12/15/2014 Utilization Review non-certified a request for re-evaluation consultation regarding DVT, noting the CA MTUS Consultations was cited. The injured worker submitted an application for independent medical review of services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal Medicine Re-Eval Consultation for DVT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127.

**Decision rationale:** The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, there was a report of the worker having a deep venous thrombosis in the past, but the exact date and treatments involved was not fully discussed in the notes provided for review. In the recent progress note, there was insufficient documentation of subjective or objective physical examination findings, besides ankle pain, which would spark a suspicion of a current deep venous thrombosis causing the ankle pain. Therefore, a referral to internal medicine without sufficient support evidence for reasoning would seem unreasonable and medically unnecessary.