

Case Number:	CM15-0148671		
Date Assigned:	08/11/2015	Date of Injury:	08/06/1990
Decision Date:	09/09/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/31/2015

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, Indiana, New York
 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 46-year-old female who sustained an industrial injury on August 06, 1990. A photography company employed the worker and a drunk driver sustaining injury including pelvic fracture x3, splenic laceration, left sided rib fractures, and a pneumothorax, described as the accident while driving the work truck she was hit broad side. A functional restoration program progress note dated June 15, 2015 reported chief subjective complaint of ankle, foot, headache, leg, knee, muscle, low back, neck, joint, pelvic, groin and sciatica. Previous surgery to involve: left total hip in 2010, left total knee in 2012. Treatment modalities included: surgical intervention, activity modification, medications, epidurals, trigger points, physical therapy, use of a transcutaneous nerve stimulator unit, and a functional restoration program. She was diagnoses with the following: lumbago that began July 01, 2014; pain in joint involving lower leg, and myalgia myositis, unspecified. Active medications are Baclofen, Gabapentin 300mg, Omeprazole, Nabumetone, Effexor XR, and Norco 10mg 325mg. She did undergo a computerized tomography scan of the bilateral lower extremities without contrast on February 10, 2014, which was performed to rule out excess rotational deformity with no results provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doppler Bilateral Legs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter: Venous thrombosis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/ency/article/003775.htm>.

Decision rationale: Pursuant to Medline plus, Doppler bilateral legs is not medically necessary. This test uses ultrasound to look at the blood flow in the large arteries and veins in the arms and legs. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are lumbago; pain in joint involving lower leg; myalgia and myositis unspecified. Date of injury is August 6, 1990. Request for authorization is July 10, 2015. The documentation indicates the injured worker sustained a pelvis fracture, splenic laceration, pneumothorax, left scapula fracture, with external fixation and immobilization of the pelvis. Subjectively, the injured worker complains of low back pain that radiates to the left leg. A functional capacity final report dated June 15, 2015 states the injured worker had CT scan evaluation of the bilateral lower extremities without contrast. There was no result in the FRP summary. The documentation indicates the injured worker has a pain scale of 8/10, although specific anatomical regions are not identified. There is no physical examination of the lower extremities and there is no physical examination of the pulses in the lower extremities. There is no clinical indication or rationale for a Doppler of the lower extremities. Consequently, absent clinical documentation with a clinical indication and rationale for a Doppler examination of the lower extremities, Doppler bilateral legs are not medically necessary.