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| <b>Case Number:</b>   | CM15-0182282 |                              |            |
| <b>Date Assigned:</b> | 09/23/2015   | <b>Date of Injury:</b>       | 04/05/1994 |
| <b>Decision Date:</b> | 10/27/2015   | <b>UR Denial Date:</b>       | 09/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/16/2015 |

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 55 year old male who sustained an industrial injury on 4-05-1994. The injured worker is being treated for deep vein thrombosis (DVT). Treatment to date has included Coumadin administration and monitoring including monthly INR. Per the Primary Treating Physician's Progress Report dated 8-18-2015, the injured worker reported doing well. Request for hosiery compressive stocking (worn out) to control swelling and to avoid skin ulceration wound recurrence. Objective findings included left leg medial skin intact with hyperpigmentation, no ulcers, and negative Homan's. INR is 2.3. Work status was return to full duty. The plan of care included, and authorization was requested on 5-26-2015, for one evaluation management and warfarin 5mg #60. On 9-14-2015, Utilization Review non-certified the request for one evaluation management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation Management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM Ch 7 Independent Medical Examinations and Consultations pg 503.

**Decision rationale:** Per the cited CA MTUS guidelines, the presence of persistent complaints, which prove recalcitrant to conservative management, should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. The cited ACOEM guidelines further state that an injured worker may be referred to other specialists when the course of care would benefit from additional expertise. In the case of this injured worker, sparse treating provider notes provide limited documentation concerning deep vein thrombosis management. With the injured worker using compressive garments and an appropriate INR, it is unclear why the treating provider is requesting a referral at this time. Although consultation with other providers is often necessary, the basis for this request is unclear. Therefore, evaluation and management of the deep vein thrombosis is not medically necessary and appropriate without further documentation.