

Case Number:	CM15-0216981		
Date Assigned:	11/06/2015	Date of Injury:	10/07/2014
Decision Date:	12/22/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/04/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 72 year old female, who sustained an industrial injury on 10-07-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for head injury, left pubic ramus fracture, right thigh myofascial pain, osteoporosis, anxiety and depression. Medical records (04-30-2015 to 10-15-2015) indicate ongoing headaches, pelvic pain, and right thigh pain. Pain levels were 2-6 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 10-07-2015, revealed restricted and painful range of motion in the left hip. Relevant treatments have included: physical therapy (PT), work restrictions, and medications. The request for authorization (10-21-2015) shows that the following test was requested: venous ultrasound exam of the right lower extremity. The original utilization review (10-28-2015) non-certified the request for venous ultrasound exam of the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venous Ultrasound Exam of the Right Lower Extremity: Overturned

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

<http://www.ncbi.nlm.nih.gov/pubmed/17601507> - Ultrasound evaluation of the lower extremity veins.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus/ency/article/003775.htm.

Decision rationale: The 72 year old patient presents with history of fall, left pubic ramus fracture, myofascial right thigh pain, osteoporosis, mild head injury, possible anxiety and depression, and drug allergies, as per progress report dated 10/15/15. The request is for Venous ultrasound exam of the right lower extremity. The RFA for this case is dated 10/02/15, and the patient's date of injury is 10/07/14. The pain is rated at 5-6/10, as per progress report dated 10/15/15. Diagnoses, as per progress report dated 08/13/15, included left pelvis superior and inferior pubic ramus fracture, and right groin exacerbation. The patient is status post left foot bunionectomy, status post left knee arthroscopy, and status post right shoulder arthroscopy, as per progress report dated 04/30/15. The patient is not working but has been allowed to return to work with restrictions, as per progress report dated 10/15/15. ACOEM, MTUS, and ODG do not address this request. Medlineplus, a service of the National Institutes of Health, at www.nlm.nih.gov/medlineplus/ency/article/003775.htm states the following under Doppler Ultrasound Exam: "The test is done to help diagnose: Arteriosclerosis of the arms or legs, Blood clot (deep vein thrombosis), Venous insufficiency: This test may also be done to help assess the following conditions: Arteriosclerosis of the extremities, Deep venous thrombosis, Superficial thrombophlebitis, Thromboangiitis obliterans." In this case, a request for venous ultrasound of the right lower extremity is noted in progress report dated 10/15/15. The treater does not explain the purpose of this study. Physical examination, as per the same progress report, only revealed tenderness to palpation at the upper medial right thigh soft tissues along with a stiff and awkward gait. Nonetheless, the patient is status post pelvic fracture and is at increased risk for deep vein thrombosis. A venous ultrasound may help rule out DVT, and hence, is medically necessary.