

Case Number:	CM15-0080572		
Date Assigned:	05/01/2015	Date of Injury:	08/04/2012
Decision Date:	06/01/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/27/2015

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 48 year old female who sustained an industrial injury on August 4, 2012. She has reported pain to the left lower extremity and has been diagnosed with painful left knee replacement and probable venous insufficiency. Treatment has included surgery, medications, and physical therapy. Currently the injured worker had marked swelling of her left lower calf and leg. The treatment request included an extremity pelvic venogram and angioplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extremity pelvic venogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[http://www.ncbi.nlm.gov/pmc/articles/PMC4280378/Usefulness of the Computed Tomography Venography for Evaluation of Leg Edema Including Deep Vain Thrombosis in Rehabilitation Patients.](http://www.ncbi.nlm.gov/pmc/articles/PMC4280378/Usefulness%20of%20the%20Computed%20Tomography%20Venography%20for%20Evaluation%20of%20Leg%20Edema%20Including%20Deep%20Vain%20Thrombosis%20in%20Rehabilitation%20Patients.)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4280378/>.

Decision rationale: Pursuant to the Annals of Rehabilitation Medicine, extremity pelvic venography is not medically necessary. The article discusses the usefulness of computed tomography of venography (CTV) for evaluation of like swelling, especially DVT and rehabilitation patients. The conclusion was that CTV can evaluate more extensively the problems in the pelvis and abdomen and detect other possible causes of leg swelling. Therefore CTV can be a useful tool not only for easy detection of DVT also for evaluating differential diagnoses of leg edema in rehabilitation patients. In this case, the injured worker's working diagnosis is probably a component of lymphedema and possibly a component of venous insufficiency. According to the progress note dated February 11, 2015, the injured worker underwent total left knee arthroplasty in 2014 and has had persistent left lower extremity swelling. The injured worker had a venous duplex August 29, 2014. There was no deep vein thrombosis or deep vein incompetence. The superficial veins were not visualized. The swelling is less in the morning but the edema never recedes completely. Objectively, there are lower extremities varicosities, varicose ulcers and varicose veins. The treatment plan, according to a progress note dated February 11, 2015, shows the treating provider ordered manual lymphatic therapy 2 to 3 times a week for 4 to 6 weeks to help with manual lymphatic reduction. Additionally, the treating provider prescribed gradient compression stockings to the left lower extremity but will hold off 3-4 weeks so the injured worker can be fitted after some limb reduction from the manual lymphatic therapy. There is no clinical indication for performing an extremity pelvic venogram at this time. The injured worker is going to receive a 4 to 6 week course of manual lymphatic therapy 2 to 3 times a week. The injured worker should be reevaluated after completion (4 to 6 weeks) to see if there is an improvement, no improvement or worsening of the lower extremity symptoms. The treating provider reports the most likely diagnosis is a component of lymphedema and possibly venous insufficiency. Both of these maladies should respond well to manual lymphatic therapy over a 4 to 6 week period. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, extremity pelvic venography is not medically necessary.

Angioplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.guideline.gov/content.aspx?id=38409&search=angioplasty>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/ency/article/007393.htm>.

Decision rationale: Pursuant to Medline plus, angioplasty is not medically necessary. Angioplasty is a procedure to open narrowed or blocked blood vessels that supply blood to the likes. A stent is a small metal mesh tube that keeps the artery open. Angioplasty and stent placement are two ways to open blocked peripheral arteries. Indications for angioplasty may

include skin ulcers or wounds on the leg that are not improving, infection or gangrene of the leg, pain in the leg caused by narrowed arteries when resting. In this case, the injured worker's working diagnosis is probably a component of lymphedema and possibly a component of venous insufficiency. According to the progress note dated February 11, 2015, the injured worker underwent total left knee arthroplasty in 2014 and has had persistent left lower extremity swelling. The injured worker had a venous duplex August 29, 2014. There was no deep vein thrombosis or deep vein incompetence. The superficial veins were not visualized. The swelling is less in the morning but the edema never recedes completely. Objectively, there are lower extremities varicosities, varicose ulcers and varicose veins. The treatment plan, according to a progress note dated February 11, 2015, shows the treating provider ordered manual lymphatic therapy 2 to 3 times a week for 4 to 6 weeks to help with manual lymphatic reduction. Additionally, the treating provider prescribed gradient compression stockings to the left lower extremity but will hold off 3-4 weeks so the injured worker can be fitted after some limb reduction from the manual lymphatic therapy. There is no clinical indication for performing an angioplasty at this time. The injured worker is going to receive a 4 to 6 week course of manual lymphatic therapy 2 to 3 times a week. The injured worker should be reevaluated after completion (4 to 6 weeks) to see if there is an improvement, no improvement or worsening of the lower extremity symptoms. The treating provider reports the most likely diagnosis is a component of lymphedema and possibly venous insufficiency. There is no documentation or discussion open arterial source of the injured workers symptoms and signs. Lymphedema and possibly venous insufficiency should respond well to manual lymphatic therapy over a 4 to 6 week period. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, angioplasty is not medically necessary.