

<b>Case Number:</b>	CM15-0088154		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: North Carolina  
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 63 year old male who sustained an industrial injury on 9/12/11. The injured worker was diagnosed as having a history of left lower extremity deep vein thrombosis. Currently, the injured worker was with no active complaints. Previous treatments included status post left total knee arthroplasty and on chronic anticoagulation. Previous diagnostic studies included an ultrasound. Physical examination was notable for no peripheral edema, redness or pain noted to the left lower extremity. The plan of care was for a left leg Doppler ultrasound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left leg doppler ultrasound:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 02/27/15) - Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, lower extremity ultrasound.

**Decision rationale:** The California MTUS and ACOEM do not directly address the requested service. The ODG states lower extremity ultrasound is indicated in the evaluation of DVT. The patient does have a history of chronic DVT and is on chronic anticoagulation for this diagnosis. This has been present since 2011. There is no indication of change in condition that would warrant a new lower extremity ultrasound in evaluation of this chronic condition and therefore the request is not certified.