

Case Number:	CM13-0008064		
Date Assigned:	12/04/2013	Date of Injury:	01/21/1994
Decision Date:	02/18/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is apparently a 59-year-old female with a 1/21/94 industrial injury involving her lower back. The records provided for this IMR are disorganized. There are three .pdf files, the IMR application shows a dispute with the 7/22/13 UR denial for lumbar traction, but I am asked to review for abdominal ultrasound, leg arterial and venous Doppler studies. There is a UR letter from [REDACTED], dated 8/29/13 that denies the abdominal and leg US studies based on their review of a 6/13/13 medical report from [REDACTED]. The 6/13/13 medical report is not provided in the records for this IMR. There is a 6/4/13 PR2 from [REDACTED] that reports the patient fell on 4/6/13 and [REDACTED] states the hardware was intact, but the patient states the pain has not subsided since then. [REDACTED] lists the diagnoses as left hip sprain; s/p lumbar fusion; right shoulder impingement; and right shoulder rotator cuff tear. There is no mention of an abdominal US or Doppler studies on [REDACTED] 6/4/13 report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abdominal ultrasound, leg, arterial Doppler, leg venous Doppler: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Practice Guidelines and Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 331,334.

Decision rationale: The Physician Reviewer's decision rationale: Limited records are available for this IMR. The medical reports and IMR application pertaining to the abdominal ultrasound or lower extremity Doppler studies were not provided for review. According to the 8/29/13 [REDACTED] [REDACTED] UR letter, the 6/13/13 visit was for peripheral vascular evaluation as the patient had a recent back surgery complicated by a fall. The UR letter states there was a prior abdominal ultrasound that showed peripheral vascular disease. There are no ultrasound reports available for this IMR. The UR letter states the patient has diminished distal pulses and foot drop. According to MTUS/ACOEM, neurovascular compromise is a red-flag and may require immediate consultation. The request for abdominal ultrasound, leg arterial Doppler and venous Doppler studies are necessary to evaluate the red-flag condition and are in accordance with ACOEM guidelines.