

Case Number:	CM14-0112608		
Date Assigned:	08/01/2014	Date of Injury:	09/16/2007
Decision Date:	10/08/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 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/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 40-year-old female with a 9/16/07 date of injury. The mechanism of injury was a slip and fall on cement while at work, injuring her spine, neck and left hip. The progress notes from 6/18/14 reported that the patient had had increasingly significant left leg pain since her SI joint injection in 2/14. Objective findings: the patient' gait was antalgic; tenderness noted over the left hip greater trochanter. The ROM left was decreased by 20% flexion, 30% extension and 40% with reduction; pain was reported with internal and external rotation. Diagnostic impression: Lumbar Disc Displacement without Myelopathy, Neck Pain, Pain in Joint Shoulder, and Pain in limb. Treatment to date: activity modification, medication management, physical therapy, chiropractic therapy, acupuncture, and SI joint injection, and L4-5 anterior and interbody fusion on 6/28/14. A UR decision dated 7/1/14 denied the request for Ultrasound Venous Study Bilateral Lower Extremities due to a previously authorized ultrasound venous study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Venous Study Bilateral Lower Extremities: 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); Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter

Decision rationale: CA MTUS does not address this issue. ODG states that patients with suspected deep vein thrombosis (DVT) of the lower extremities are usually investigated with ultrasonography either by the proximal veins (2-point ultrasonography) or the entire deep vein system (whole-leg ultrasonography). Thus, an ultrasound would be indicated in the event that the clinician suspected a DVT. However, the UR document included information that the request for ultrasound venous lower extremities was previously certified on 6/20/14. Consequently, this is a duplicate request. Therefore, the request for Ultrasound Venous Study Bilateral Lower Extremities is not medically necessary.