MAXIMUS Federal Services

Case Number:	CM14-0119775		
Date Assigned:	09/16/2014	Date of Injury:	07/08/1994
Decision Date:	10/22/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/28/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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:

The injured worker is a 63-year-old male who was reportedly injured on 01/29/1997. The injured worker has undergone multiple treatments with endovenous laser therapy, most recently 12/05/2013, with continued symptoms. There has been a reevaluation by [redacted] on 4/1914 at which time the claimant revealed that the previous ablations have not helped with regards the recurrent thrombophlebitis. It appears the injured worker has had more episodes. The claimant expressed concerns that he was receiving generic warfarin which may be less potent than name brand Coumadin. Complicating further was the admission to [redacted] that the claimant was not checking his INR as frequently as recommended. [redacted] recommended switching to name brand Coumadin and tighter control of his INR. The last progress report dated 06/09/2014 indicated 2 refluxing axial veins on right, left legs, incompetent perforator in left mid/medial/calf/leg. It noted +2 pitting edema, stasis dermatitis, varicose veins and reflux. A request was made for 3 endovenous laser therapy treatments and was not certified on 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 endovenous laser therapy treatments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Expert Panel on Interventional Radiology. ACR Appropiateness Criteria radiologic management of lower-extremity venous insufficiency [online publication] Reston n(VA): American College of Radiology (ACR); 2009, Endovenous Ablation

Decision rationale: There was endovascular treatment to his left leg on 11/12/13 and right leg on 12/5/14, despite which he has had recurrent episodes of thrombophlebitis. There are subsequent duplex studies of lower extremities on 2/10/14 documenting that the previously treated perforator veins were indeed occluded and no deep vein thrombus. There is a new duplex assessment on 6/9/14 which reveals incompetent perforators now 27.5cm above the heel. This probably represents neovascularization. However given the failure of the previous vein stripping and EVLT to thwart the recurrent thrombophlebitis and the expressed subjective opinion that "he thinks he may be more prone to episodes of phlebitis than he was previously", the requested 3 additional sessions of 3 endovenous laser therapy treatments remain not medically necessary.