

<b>Case Number:</b>	CM14-0136087		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	10/21/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2014

### 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 Orthopedic Surgery 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 a 57 year old female with a 10/21/13 injury date. The mechanism of injury was not provided. In a 7/22/14 documentation of phone conversation, the provider indicated that a right knee arthroscopy was planned for meniscus tear. In addition, there was no suspicion for deep vein thrombosis (DVT) and the requests for Doppler and ultrasound of the lower extremity were made in error. The request for DME (unspecified) was actually for a post-op walker, which was already approved. Diagnostic impression: right knee meniscus tear. Treatment to date: medications, physical therapy, right knee arthroscopy, cortisone injection. A UR decision on 7/22/14 denied the requests for Doppler and ultrasound of right lower extremity on the basis that during a phone conversation, the provider indicated that these studies were not requested and there was no suspicion of DVT. The request for DME (unspecified) was denied because the request was for a walker, which was previously approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up Doppler of right lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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). However, in this case the request was made in error and there was no evidence of DVT. Therefore, the request for follow-up Doppler of the right lower extremity is not medically necessary.

**Follow-up ultrasound of right lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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). However, in this case the request was made in error and there was no evidence of DVT. Therefore, the request for follow-up ultrasound of the right lower extremity is not medically necessary.

**Durable med equip post-op (unspecified):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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. Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical

limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. However, in a phone conversation, the provider stated that this unspecified request was actually for a post-op walker, which was already approved. The current request does not apply. Therefore, the request for Durable med equip post-op (unspecified) is not medically necessary.