Case Number:	CM14-0159720		
Date Assigned:	10/03/2014	**Date of Injury:**	07/22/2014
Decision Date:	10/29/2014	**UR Denial Date:**	09/16/2014
Priority:	Standard	**Application Received:**	09/29/2014

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 Occupational Medicine 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:

This injured worker is a 41 year old woman involved in a work related injury from 7/22/14. The injured worker had attempted to get up from a sitting position and felt pain in the right knee, twisting her knee. She was seen in the Emergency Room and discharged to her home in good condition. The injured worker was treated for a knee strain/sprain. A magnetic resonance imaging (MRI) had shown degenerative changes but no meniscus tear. There was an 8/14/14 evaluation with an orthopedist. A steroid injection was provided. On 9/11/14, the injured worker had pain in the right knee and thigh. There was a positive McMurray's sign, and symmetric strength in the lower extremities. X-ray had shown degenerative changes. A request was made for a Doppler study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound doppler study of the right lower extremity to rule out DVT: 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)

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, Venous thrombosis

Decision rationale: We note from the Official Disability Guidelines (ODG), "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis. The relative risk for venous thrombosis is 3-fold greater following minor injury, especially if injury occurs in the 4 weeks prior to thrombosis, is located in the leg, and involves multiple injuries or rupture of muscle or ligament. Risk for venous thrombosis is higher in those with leg injury combined with family history of venous thrombosis (12-fold risk), Factor V Leiden mutation (50-fold risk), or Factor II 20210A mutation (9-fold risk). A venous thrombosis is a blood clot that forms within a vein. Deep venous thrombosis (DVTs) form in the deep veins of the legs, and if a piece of a blood clot formed in a vein breaks off it can be transported to the right side of the heart, and from there into the lungs, and is called an embolism, and this process called a veno-thromboembolism (VTE). Risk factors for venous thrombosis include immobility, surgery, and prethrombotic genetic variants. Studies have addressed the risk for thrombosis following major injury, and minor events, including travel, minor surgery, and minor trauma, are linked to a 3-fold increased risk for venous thrombosis. Veno-thromboembolism (VTE) is an important condition in hospitalized injured workers accounting for significant morbidity and mortality. Therefore, the Doppler study is not medically necessary.