

Case Number:	CM15-0008410		
Date Assigned:	01/26/2015	Date of Injury:	05/19/2012
Decision Date:	03/25/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on May 19, 2012. The mechanism of injury is unknown. The diagnoses have included arthrofibrosis of the right knee, status post bilateral total knee arthroplasties and deep vein thrombosis following right total knee arthroplasty. Treatment to date has included surgery, anticoagulant therapy/management and medications. The documentation of 12/12/2014 revealed the reason for the report was a request for diagnostic imaging. The assessment was status post bilateral total knee arthroplasties and DVT following the right total knee arthroplasty x5 months. The request was made for a repeat ultrasound. If the ultrasound was negative, then the injured worker would stop Coumadin. A prescription was written for a duplex ultrasound in the bilateral lower extremities and followup evaluation of a right DVT. The injured worker was continuing physical therapy. On December 24, 2014, Utilization Review non-certified a Doppler study, noting the Official Disability Guidelines. On January 14, 2015, the injured worker submitted an application for IMR for review of a Doppler study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duppler Study: 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) ODG-TWC Guidelines, Chapter Knee and Leg

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

Decision rationale: The Official Disability Guidelines indicate that injured workers should be assessed for deep vein thrombosis. The guidelines support the necessity for a Doppler study to assess the thrombosis. The clinical documentation submitted for review indicated the injured worker had a prior DVT x5 months. The injured worker was noted to be on Coumadin for the DVT. The physician documented if the ultrasound was negative, the injured worker would stop the Coumadin. This request would have been supported to assess for a remaining DVT. However, the request as submitted failed to indicate the laterality for the requested Doppler study. Therefore, the request for Doppler study was not medically necessary.