

Case Number:	CM15-0008982		
Date Assigned:	01/27/2015	Date of Injury:	10/06/2009
Decision Date:	03/26/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/15/2015

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: Orthopedic Surgery, Sports Medicine

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 60-year-old female who reported injury on 10/06/2009. The mechanism of injury was cumulative trauma. The documentation indicated the injured worker underwent a stripping of the greater saphenous system of the left leg in 1994. The injured worker was noted to utilize a full length support hose in pantyhose fashion. The injured worker indicated she put the pantyhose on when she got up in the morning and wore them until she went to bed. The injured worker underwent venous surgery in 2009. The documentation of 12/16/2014 revealed the injured worker had varicose veins of the lower extremities. Per the documentation the injured worker had a long history of bilateral leg venous insufficiency with varicose veins. The injured worker was noted to have surgery for this bilaterally once, and twice on the left. The last surgery was in 2009. The injured worker was noted to have a recent episode of ulceration with bleeding in the medial left leg. The symptoms including aching and burning in the left lower extremity. The injured worker had a history of hypertension. The most recent ligation or excision was dated 10/08/2009. The injured worker's medications included Colchis 0.6 mg 1 tablet every day by oral route, doxycyclene hyclate 100 mg, duloxetine 30 mg, glucosamine with chondroitin, pravastatin 40 mg 1 daily, losartan 100 mg daily, prednisone 2.5 mg daily, and warfarin 5 mg 1 daily. The physical examination revealed the injured worker had popliteal pulses on the left of 2+, and posterior tibialis of 2+. The injured worker had a trace edema on the left at 1+, an ankle wound, and a medial wound with no open ulcers. It was noted the ulcers were currently healed. The diagnosis included varicosity veins of the left lower extremity and an incompetent perforator. The treatment plan included a ligation of perforator veins including

ultrasound guidance. The injured worker underwent a lower extremity venous doppler study on 12/16/2014, which revealed on the left there was a large perforator approximately 4 cm above the ulcer scar measuring 5.6 mm with reflux into varicosities that were beneath the old ulcer. The impression was abnormal Cockett's perforator with reflux. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ligation of perforator vein, open, including ultrasound guidance, 1 leg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Society for Vascular Surgery, American Venous Forum

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Gloviczki, P., Comerota, A. J., Dalsing, M. C., Eklof, B. G., Gillespie, D. L., Gloviczki, M. L. & Wakefield, T. W. (2011). The care of patients with varicose veins and associated chronic venous diseases: clinical practice guidelines of the Society for Vascular Surgery and the American Venous Forum. *Journal of vascular surgery*, 53(5), 2S-48S.

Decision rationale: [REDACTED] (2011). We recommend against selective treatment of perforating vein incompetence in patients with simple varicose veins (CEAP class C2; GRADE 1B), but we suggest treatment of pathologic perforating veins (outward flow duration 500 ms, vein diameter 3.5 mm) located underneath healed or active ulcers (CEAP class C5-C6; GRADE 2B). We suggest treatment of pelvic congestion syndrome and pelvic varices with coil embolization, plugs, or transcatheter sclerotherapy, used alone or together (GRADE 2B). The clinical documentation submitted for review indicated the injured worker had a large perforator approximately 4 cm above the ulcer scar measuring 5.6 mm with reflux into varicosities that were beneath the old ulcer. However, there was a lack of documentation indicating the outward flow duration of 500 milliseconds or more. This was noted to be located under venous ulcers. Additionally, the request as submitted failed to indicate the laterality for the leg. Given the above and the lack of documentation, the request for 1 ligation of perforator vein, open, including ultrasound guidance, 1 leg is not medically necessary.