

<b>Case Number:</b>	CM15-0113327		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	08/04/2012
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 49 year old female, who sustained an industrial injury on August 4, 2012. Treatment to date has included left total knee replacement, physical therapy, home exercise program, ice therapy; A CT of the abdomen and pelvis was done to evaluate swelling and pain of the left thigh. The CT was suggestive of chronic deep vein thrombosis of the left hemi-pelvic region. Currently, the injured worker complains of swelling of the left lower extremity since her left total knee replacement. A venous duplex of the left lower extremity did not demonstrate deep vein thrombosis. She reports that the swelling is persistent throughout the day and is accompanied with discomfort, pain and aching in the left lower extremity. On physical examination, the injured worker had 2+ pitting edema of the entire left lower extremity including the thigh. She had mild or trace edema in the right lower extremity. She had left trunk varicosities present at the left medial leg. The diagnoses associated with the request include post-traumatic edema. The treatment plan includes compression stockings, lymphatic massage of extremity, and CT venogram of the abdomen and pelvis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pelvic venography possible angioplasty and stent: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website: [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessments Page(s): 5-6. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1847929/>.

**Decision rationale:** Pursuant to the Texas Heart Institute, pelvic venography with possible angioplasty and stenting is not medically necessary. Endovascular treatment is a minimally invasive approach to venous lesions that has a high technical success rate and an acceptable complication profile. Balloon dilation and stenting is a safe and effective treatment for chronic benign obstruction of the iliac vein. Hemodynamically significant venous lesions should always be stented, and the stent should be inserted well into the IVC when an ilio caval junction stenosis is treated. Although mid-term results are good, only longer follow-up will determine whether the hyperplasia observed in the stented area will progress to late recurrent venous obstruction and whether early symptomatic improvement is maintained. The procedure can be performed during a 23-hour hospital stay, followed by immediate return to regular activity after the patient's discharge. Balloon dilation and stenting appear to be superior to conventional surgical treatment and should be considered the first line of therapy for many patients suffering from chronic ilio caval venous obstruction. In this case, the injured worker's working diagnoses according to an orthopedic surgeon's progress note (the non-requesting provider) our status post left total knee arthroplasty; and rule out venous insufficiency/DVT. There are no clinical diagnoses listed in the vascular surgeon's progress note. The request for authorization is dated May 1, 2015. There is a single progress note in the medical record dated February 11, 2015 from the requesting provider. Documentation from a February 11, 2015 progress note shows left lower extremity swelling. The injured worker underwent a left knee replacement surgery. The injured worker has had persistent swelling of the entire left lower extremity. There is no prior history of DVT. A venous duplex was performed August 29, 2014, which did not show DVT. Swelling is fairly persistent throughout the day, but maybe a bit better in the morning. Objectively, lower extremity examination showed left truncal varicosities. There is 2+ pitting edema on the left and trace on the right. Lower extremity venous reflux study performed February 26, 2015 show no deep venous thrombosis on either side: reflux throughout the greater right saphenous vein; reflux less common and superficial femoral vein, and reflux throughout the greater saphenous vein. There is no subsequent progress note documentation in the medical record from the treating provider (vascular surgeon). There is no clinical rationale for the requested testing. There is no contemporaneous clinical documentation from the requesting treating vascular surgeon on or about the date of request for authorization. Based on the clinical information medical record, peer-reviewed evidence-based guidelines, a contemporaneous progress note by the requesting provider with a clinical indication or rationale for pelvic venography, pelvic venography with possible angioplasty and stenting is not medically necessary.