

Case Number:	CM15-0124952		
Date Assigned:	07/09/2015	Date of Injury:	08/04/2012
Decision Date:	08/06/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/29/2015

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 year old female who sustained an industrial /work injury on 8/4/12. She reported an initial complaint of left lower extremity swelling. The injured worker was diagnosed as having s/p left total knee arthroplasty and rule out venous insufficiency/DVT. Treatment to date includes medication, surgery (left knee on 5/2013, left knee arthroscopy on 1/7/13, and left knee replacement on 5/3/14), and physical therapy. MRI results were reported on 6/19/13. CT scan of the abdomen results reported on 3/23/15. Currently, the injured worker complained of persistent swelling of the left knee and lower extremity from 2014. There were also complaints of compensatory low back pain component. Pain level was reported at 7/10. Per the primary physician's report (PR-2) on 5/4/15, examination revealed swelling of extremities with numbness and tingling, truncal varicosities, 2+ pitting edema over entire left lower extremity including the thigh. There was tenderness diffusely of the left knee, lacking 10 degrees flexion 80 degrees with pain, and difficulty arising from seated positions, and gait was slightly antalgic. The requested treatments include Pelvic venography possible angioplasty and stent.

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 Official Disability Guidelines (ODG) Venous thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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 stent 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 diagnosis is edema. According to a progress note dated February 11, 2015, the injured worker's subjective complaints are left lower extremity swelling. The injured worker had a venous duplex August 29, 2014 that did not show DVT of the left lower extremity. The injured worker had a lower extremity venous reflux study that did not show DVT in the bilateral lower extremities. The injured worker is status post total knee replacement May 2013 and left knee arthroscopy (undated). Objectively, the injured worker had truncated varicosities left lower extremity. There are no clinical signs of arterial insufficiency. There is no clinical indication or rationale for a possible angioplasty and stent in the lower extremities. Based on the clinical information in the medical record and the peer reviewed medical guidelines, pelvic venography with possible angioplasty and stent is not medically necessary.