

Case Number:	CM15-0075562		
Date Assigned:	04/27/2015	Date of Injury:	04/08/1998
Decision Date:	05/22/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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, Pain Management

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 male, who sustained an industrial injury on 04/08/1998. On provider visit dated 10/17/2014 the injured worker has reported for a right ankle follow up. On examination of the right leg, the provider noted resolving cellulitis and stable leg swelling. No rationale for the requested venous Doppler study was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venous Doppler: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

<http://www.acr.org/~media/3ffa49f7e8c34272a0e046ccabe0219d.pdf>.

Decision rationale: Regarding the request for venous Doppler, CA MTUS does not address the issue. The ACR cites indications for the study, including: 1. Evaluation of possible venous thromboembolic disease or venous obstruction in symptomatic or high-risk asymptomatic individuals. 2. Assessment of venous insufficiency, reflux, and varicosities. 3. Assessment of

dialysis access. 4. Venous mapping prior to surgical procedures. 5. Evaluation of veins prior to venous access. 6. Follow-up for patients with known venous thrombosis. Within the documentation available for review, the provider noted that the patient's cellulitis was resolving and the swelling was stable. No red flags or rationale for a follow-up venous Doppler study were identified. In light of the above issues, the currently requested venous Doppler is not medically necessary.