

Case Number:	CM13-0001768		
Date Assigned:	05/02/2014	Date of Injury:	03/01/2012
Decision Date:	06/10/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/16/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 03/01/2012. This patient was precertified for spinal surgery as of 05/21/2013 to consist of a lumbar decompressoin for herniated disc with lower extremity weakness 4/5. A request for authorization was submitted for the items under review, although a specific office note is not available with the rationale for this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

VASCUTHERM 4 W/DVT SYSTEM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Deep Vein Thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The California Medical Treatment Utilization Schedule does not directly address the need for venous prophylaxis. The Official Disability Guidelines/Treatment of Workers' Compensation/Knee does discuss venous thrombosis and recommends identifying subjects who are at high risk of developing venous thrombosis and providing corresponding prophylactic measures. The medical records do not contain such assessment or stratification of

deep venous thrombosis risk for this patient. Therefore, the medical records do not support an indication for a VascuTherm or related accessories such as a lumbar garment or DVT calf wrap. Therefore the request for Vascutherm 4 W/DVT system is not medically necessary and appropriate.

LUMBAR GARMENT: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Regarding Compression Garments.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

DVT CALF WRAP X 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Deep Vein Thrombosis.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.