

Case Number:	CM13-0055708		
Date Assigned:	12/30/2013	Date of Injury:	07/15/2001
Decision Date:	03/31/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine 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 physician 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:

██████████ is a 66 year old man who sustained a work related injury on July 15 2003. Subsequently, he developed a chronic back pain for which he underwent a low back fusion with hardware removal. According to a note dated on December 5 2013, the patient reported lower extremities pain treated with Neurontin. His neurological examination was normal. He was prescribed physical therapy. The provider requested authorization for Vascutherm Intermittent PCD for DVT rental x (30) days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm Intermittent PCD for DVT rental x (30) days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on Clinical Policy Bulletin: Intermittent Pneumatic Compression Devices (http://www.aetna.com/cpb/medical/data/500_599/0500.html)

Decision rationale: The Physician Reviewer's decision rationale: There is no clear evidence from the patient records that he requires Vascutherm Intermittent PCD for DVT for 30 days.

There is no documentation that he is at risk for developing DVT and no justification for 30 days DVT prophylaxis.