

Case Number:	CM13-0061582		
Date Assigned:	12/30/2013	Date of Injury:	02/01/2012
Decision Date:	05/08/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/05/2013

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 injured worker is a 55-year-old female who reported an injury on 02/01/2012 after a student jumped on her back. The injured worker's treatment history included a laminectomy and discectomy at the L4-5, multiple medications, physical therapy, activity modifications and epidural steroid injections. The injured worker was evaluated on 11/04/2013. It was documented that the injured worker had ongoing pain complaints in spite of surgical intervention and conservative treatments. Physical findings included limited range of motion secondary to pain, tenderness to palpation along the lumbar musculature, decreased deep tendon reflexes of the ankle and disturbed sensation in the L4-5 distribution. The injured worker's diagnoses included status post L4-5 failed lumbar laminectomy/discectomy, progressive L4-5 collapse, a history of migraines and possible upper extremity reactive vasculopathy or Raynaud's phenomenon. The injured worker's treatment plan included global lumbar fusion with associated postsurgical management requests to include a [REDACTED] DVT unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: 7 DAY RENTAL [REDACTED] DVT UNIT: 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 (ODG) Low Back Chapter, Venous Thrombosis and Compression Garments

Decision rationale: The requested DME of a 7 day rental of a [REDACTED] DVT unit is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this type of request. The Official Disability Guidelines recommend compression therapy for patients who are at risk for developing deep vein thrombosis after surgical intervention when there is a period of an inability to ambulate. The clinical documentation submitted for review does indicate that the patient has a diagnosis of a suspicion of Raynaud's syndrome. However, the clinical documentation submitted for review does not support that the patient is at significant risk for developing deep vein thrombosis. There was no documentation that she would not benefit from a low level compression hose and would require mechanical compression therapy. The clinical documentation submitted for review does not provide any evidence that the patient will not be able to ambulate post surgically. As such, the requested DME 7 day rental of a [REDACTED] DVT unit is not medically necessary or appropriate.