

Case Number:	CM14-0003508		
Date Assigned:	01/31/2014	Date of Injury:	06/09/2011
Decision Date:	08/04/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/08/2014

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 Occupational 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 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 patient is a 34-year-old male who has submitted a claim for pain in the lumbar spine, degenerative disc disease of the lumbar spine, lumbar stenosis, lumbar radiculopathy, and painful SI (sacroiliac) joint, associated with an industrial injury date of June 9, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain that radiated into his legs bilaterally. On physical examination, the patient used a cane for ambulation and walked with a limp. Treatment to date has included medications, pelvic screw removal, L5-S1 fusion, physical therapy, left sacroiliac joint fusion (November 12, 2013), and Vascutherm intermittent Pneumatic Compressions Device(PCD) for 30 days. A utilization review from December 12, 2013 denied the request for Vascutherm intermittent PCD for DVT - rental for additional 30 days because there was no documentation to support this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm Intermittent Pneumatic Compression Device (PCD) for Deep Vein Thrombosis (DVT) Rental for an Additional 30 Days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: CA MTUS does not specifically address vasopneumatic devices. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that vasopneumatic devices are recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling. In this case, there were no physical examination findings of leg edema after surgery. Furthermore, the patient was previously approved for the use of Vascutherm Intermittent PCD for 30 days but the records did not provide evidence of functional benefit. There is no clear indication for continued use of this device. Therefore, the request for Vascutherm Intermittent Pneumatic Compression Device (PCD) for Deep Vein Thrombosis (DVT) Rental for an Additional 30 Days is not medically necessary.