MAXIMUS Federal Services

Case Number:	CM14-0006407		
Date Assigned:	03/03/2014	Date of Injury:	10/28/2008
Decision Date:	10/01/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/13/2014

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:

This patient is a 68-year-old female employee with date of injury of 10/28/2008. A review of the medical records indicate that the patient is undergoing treatment for trochanteric bursitis with sciatica refractory to conservative care. Subjective complaints include pain radiating to the posterior leg and calf (11/25/2013) when standing and extending hip. On 6/12/2013, patient complained of low back pain and right hip pains (6/10 on 6/12/2013, 7.5/10 on 6/18/2013, 7/10 on 8/6/2013, 8/10 on 11/21/2013), status post right hip scope from 6/4/2013. Objective findings include the following: Physical exam on 6/12/2013 revealed right greater than left lumbrosacral tenderness and right lateral tenderness, limited lumbar range of motion with right-sided movements creating pain, diminished sensation of right L5 dermatome. MRI of the right hip intraarticular gadolinium, performed on 11/4/2013 revealed symmetric appearance of piriformis muscles, not labral tear, moderate grade partial tearing of right gluteus medius fibers just proximal to the insertion on the lateral facet of the greater tuberosity, posterior fibers of the gluteus medius remained intact and status post capsulotoomy. Physician's report dated 11/25/2013 physical exam revealed internal rotation of right hip 5; straight leg raise and palpation of the lateral thigh produced severe discomfort and tenderness to the sacroiliac joint and over the sciatic notch and piriformis. Treatment has included home exercises. Procedures performed include (6/4/2013) right hip arthroscopic femoral neck resection with debridement of labrum, and right hip trochanteric bursectomy. Follow up exam on Follow up exam (6/14/2013) noted incisions healing well, no evident lymphedema or DVT (also on 11/8/2013), hip internal rotation to 15, moderate discomfort in general and with straight leg raise and palpation of the lateral thigh. Treatment notes on 6/12/2013 listed the following medications: Norco 10/325 4-5/day, Tramadol 150mg 1/day, Temazepam 15mg 1/day, Senna 8.6/50mg 3/day for Constipation,

Zanaflex 4mg for muscle spasms. Trochanteric bursa injection was performed on 11/8/2013 consisting of 2ml Kenalog-40 and 8ml 2% Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEDS HOSE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT IN WORKERS COMPENSATION 18TH EDITION, 2013 UPDATES, CHAPTER KNEE VASOPNEUMATIC THERAPY-SEE CONTINUOUS FLOW CRYOTHERAPY

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Compression garments Uptodate.com, Prevention of venous thromboembolic disease in medical patients

Decision rationale: MTUS is silent concerning DVT prophylaxis. However, ODG writes regarding compression garments "Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema." Medical records do not indicate that the patient is undergoing management of lymphedema or post-thromboticc syndrome. Up-to-date also writes, "Mechanical methods of thromboprophylaxis include intermittent pneumatic compression (IPC), graduated compression stockings (GCS), and venous foot pumps (VFP). Mechanical methods for the prevention of venous thromboembolism (VTE) are primarily indicated in patients at high risk of bleeding or in whom anticoagulation is contraindicated (eg, gastrointestinal or intracranial hemorrhage)". The medical records do not indicate the patient at high risk of bleeding or indicate any contraindication of anticoagulation. As such, the request for TED Hose is not medical necessary.

VASCUTHERM PNEUMATIC COMPRESSION UNIT RENTAL, 14 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT IN WORKERS COMPENSATION 18TH EDITION, 2013 UPDATES, CHAPTER KNEE VASOPNEUMATIC THERAPY-SEE CONTINUOUS FLOW CRYOTHERAPY

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

Venous Thrombosis UpToDate.com, Prevention of venous thromboembolic disease in medical patients

Decision rationale: MTUS is silent concerning DVT prophylaxis. ODG states "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." Up-to-date also writes, "Mechanical methods of thromboprophylaxis include intermittent pneumatic compression (IPC), graduated compression stockings (GCS), and venous foot pumps (VFP). Mechanical methods for the prevention of venous thromboembolism (VTE) are primarily indicated in patients at high risk of bleeding or in whom anticoagulation is contraindicated (eg, gastrointestinal or intracranial hemorrhage)". Medical records do not indicate what high risk factors are present and do not indicate why anticoagulation therapy cannot be utilized. As such, the request for Vascutherm Pneumatic Compression Unit Rental for 14 days is not medically necessary.