MAXIMUS Federal Services

| Case Number: | CM14-0101635 | | |
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| Date Assigned: | 07/30/2014 | Date of Injury: | 05/14/2012 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/03/2014 |
| Priority: | Standard | Application Received: | 07/01/2014 |

## 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 female with a date of injury of 05/14/2012. The listed diagnosis per [redacted] include; status post ACDF C4-C5 and C5 C6. According to a progress report on 05/27/2014, the patient is status post cervical fusion at C4-C5 and C5-C6 on 03/25/2014. She reports continued persistent neck and low back pain, but some improvement with time since surgery. She is taking oxycodone, omeprazole, Tizanidine, Gabapentin, and she is utilizing Duragesic patches. Examination revealed that the anterior cervical surgery site is clean, dry, and intact. There is pain to palpation at the midline of the cervical and thoracic spine. There is also decreased sensation on left C6, C7, and C8 dermatomes upon pinprick. Upper extremity motor exam was limited by pain. The undated request for authorization requests segmental pneumatic appliance 1-day rental and 2 SCD sleeves for purchase. Utilization review denied the request on 06/03/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Segmental pneumatic appliance for 1 day and 2 SCD sleeves:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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:** This patient is status post cervical spine fusion at the C4-C5 and C5-C6 levels as of 03/25/2014. A Utilization Review references a prescription/letter of medical necessity provided by the Physician dated 03/25/2014 which indicates the patient is at high risk for VTE (deep venous thrombosis and pulmonary embolism) and cannot fully ambulate. However, this report was not provided in the medical file. Utilization review denied the request stating this is a prospective review and there was no indication of venous thromboembolism. Therefore, prevention is medically necessary at this time. The ACOEM and MTUS guidelines do not discuss Deep Veing Thrombosis compression devices. ODG has the following regarding Venous thrombosis: "Recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." In this case, the Physician has noted that the patient is at high risk for VTE with an inability to fully ambulate and has requested a 1-day rental. Given the patient's status a one day rental is reasonable and medically necessary.