MAXIMUS Federal Services

Case Number:	CM14-0011284		
Date Assigned:	02/21/2014	Date of Injury:	11/01/2001
Decision Date:	06/25/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/28/2014

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 Neurosurgery 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 injured worker is a 69 year old male who sustained an injury on 11/01/01. No specific mechanism of injury was noted. The injured worker has been followed for a history of ongoing complaints of low back pain. The injured worker is noted to have had a prior lumbar fusion for the injury in 2001. The injured worker was recommended for an additional lumbar fusion at L1-2 which was performed on 12/17/13. Postoperatively, the injured worker had no complications with overall reduced pain. The clinical report on 01/03/14 noted good healing wounds with no evidence of induration or drainage. Surgical staples were removed at this visit and the injured worker was recommended to continue utilizing a lumbar brace for the next 6 weeks. The injured worker was also referred for postoperative physical therapy. The requested purchase of a postoperative vascutherm unit with Deep Vein Thrombosis (DVT) prevention was denied by utilization review on 01/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF POST OPERATIVE VASCUTHERM WITH DVT PREVENTION:
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) Knee & Leg Chapter, Venous Thrombosis.

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 Chapter, Venous Thrombosis.

Decision rationale: In regards to the postoperative purchase of a postoperative vascutherm unit with Deep Vein Thrombosis (DVT) prevention, this reviewer would not have recommended this postoperative DME as medically necessary. The injured worker did not have any objective findings placing him at any substantially increased risks for deep vein thrombosis development. The procedures completed on 12/17/13 also did not involve a major joint such as the shoulder, knee, or hip and there was no indication that the injured worker was unable to ambulate postoperatively. Given the lack of any clinical indications for a postoperative Deep Vein Thrombosis (DVT) prevention unit, this reviewer would not have recommended approval for this service.