

Case Number:	CM14-0013120		
Date Assigned:	02/24/2014	Date of Injury:	12/15/2012
Decision Date:	08/04/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/03/2014

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 Orthopedic Surgery 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 is a 32-year-old male patient with a 12/15/12 date of injury. 11/13/13 progress report indicates persistent low back pain radiating to the right lower extremity with numbness, burning and tingling. Physical exam demonstrates a positive straight leg raise test of numbness and tingling in the L5-S1 dermatome on the right. The patient underwent L5-S1 laminectomy with discectomy on 11/20/14. Discussion identifies that the patient was at significant risk for DVT post operatively as the patient suffers from morbid obesity with 360 pounds, is prediabetic, and was in the prone position during surgery for over two and a half hours. There is documentation of a previous 1/13/14 modified determination to certify purchase of a segmental gradient pressure pneumatic appliance half leg; two week rental of the pneumatic compressor segmental with gradient pressure for lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: SEGMENTAL GRADIANT PRESSURE PNEUMATIC APPLIANCE HALF LEG, PURCHASE; 11/20/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Other Medical Protocol.

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 Chapter), Vasopneumatic devices, Lymphedema pumps, compression garments.

Decision rationale: The California MTUS does not apply. The 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; or for home-use as an option for the treatment of lymphedema after a four-week trial of conservative medical management that includes exercise, elevation and compression garments. Discussion identifies that the patient was at significant risk for DVT post operatively as the patient suffers from morbid obesity with 360 pounds, is prediabetic, and was in the prone position during surgery for over two and a half hours. However, it is unclear why medical thromboprophylaxis post-operatively would have been insufficient. While intermittent compression therapy is routinely employed intra-operatively, postoperative rental would not be routinely supported. There is also documentation of a 1/13/14 modified certification for the request; it is unclear why the previous determination is now disputed. Therefore, the request for Retro: Segmental Gradient Pressure Pneumatic Appliance Half Leg, Purchase; 11/20/2013 was not medically necessary.

RETRO: PNEUMATIC COMPRESSOR SEGMENTAL WITH GRADIENT PRESSURE FOR LOWER EXTREMITIES, 2 WEEKS RENTAL; 11/20/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Other Medical Protocol.

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 Chapter), Vasopneumatic devices, Lymphedema pumps, compression garments.

Decision rationale: The California MTUS does not apply. The 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; or for home-use as an option for the treatment of lymphedema after a four-week trial of conservative medical management that includes exercise, elevation and compression garments. Discussion identifies that the patient was at significant risk for DVT post operatively as the patient suffers from morbid obesity with 360 pounds, is prediabetic, and was in the prone position during surgery for over two and a half hours. However, it is unclear why medical thromboprophylaxis post-operatively would have been insufficient. While intermittent compression therapy is routinely employed intra-operatively, postoperative rental would not be routinely supported. There is also documentation of a 1/13/14 modified certification for the request; it is unclear why the previous determination is now disputed. Therefore, the request for Retro: Pneumatic Compressor Segmental With Gradient Pressure For Lower Extremities, 2 Weeks Rental; was not medically necessary.