

Case Number:	CM14-0117084		
Date Assigned:	08/06/2014	Date of Injury:	05/10/2010
Decision Date:	09/16/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/25/2014

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, 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 underlying date of injury in this case is 05/10/2010. Diagnoses in this case include lumbar facet arthropathy; history of L3-S1 fusion; status post fall with injury to the lumbar spine with left S1 radiculopathy; history of the left shoulder, knee, and ankle; and status post placement of spinal cord stimulator trial. An independent medical review addendum on 07/25/2014 reports these diagnoses and states a request for rental of an intermittent limb compression device. On 07/15/2014, a primary treating physician progress note reviewed this patient's diagnosis of a lumbar fusion and status post removal of a spinal cord stimulator 02/11/2014. The note indicated the patient would require ongoing daily home nursing for wound packing and dressing changes, and that lumbar wound irrigation may be indicated depending on the patient's progress. Daily home nursing was requested for wound packing and dressing changes. Overall, the patient was noted to have wound dehiscence in the lumbar spine with superior wound dehiscence of 1.5 x 1 cm in length with good granulation tissue. The patient is also noted to be status post spinal cord stimulator removal February 2014. This current request for a limb compression device is a retrospective request from 02/11/2014 and thus refers to the patient's spinal cord stimulator removal of 02/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for DME (durable medical equipment) Intermittent limb compression device X 1 for lumbar spine (2/11/2014): 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 and Leg Chapter, Compression Garments.

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

Decision rationale: Official Disability Guidelines (ODG) discusses venous thrombosis prevention in the section on the knee, indicating that a recommendation is necessary to identify subjects at high risk of developing venous thrombosis. Early mobilization would be recommended after spinal cord stimulator removal. The medical records do not discuss the patient's specific risk factors requiring this requested treatment. The guidelines do not provide additional support for this request. As such, the request is not medically necessary.