

Case Number:	CM14-0119537		
Date Assigned:	08/06/2014	Date of Injury:	08/28/2012
Decision Date:	09/11/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/29/2014

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:

The injured worker is a 46 year old female who sustained a cervical spine injury in an August 28, 2012, work-related accident. The records provided for review document failed conservative care followed by an October 2013 anterior cervical discectomy and fusion at levels C4-7. Additional documentation on the claimant's postsurgical clinical presentation is not provided. This retrospective request is for the 30-day rental of a Vasotherm compressive device for postoperative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vasotherm x 30 days following Cervical Spine Surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure -Venous thrombosisRecommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis. The relative risk for venous thrombosis is 3-fold greater following minor injury, especially if injury occurs in the 4 weeks prior to

thrombosis, is located in the leg, and involves multiple injuries or rupture of muscle or ligament. Risk for venous thrombosis is higher in those with leg injury combined with family history of venous thrombosis (12-fold risk), Factor V Leiden mutation (50-fold risk), or Factor II 20210A mutation (9-fold risk). (van Stralen, 2008) A venous thrombosis is a blood clot that forms within a vein. Deep venous thromboses (DVTs) form in the deep veins of the legs, and if a piece of a blood clot formed in a vein breaks off it can be transported to the right side of the heart, and from there into the lungs, and is called an embolism, and this process called a venothromboembolism (VTE). Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. Studies have addressed the risk for thrombosis following major injury, and minor events, including travel, minor surgery, and minor trauma, are linked to a 3-fold increased risk for venous thrombosis. Venothromboembolism (VTE) is an important condition in hospitalized patients accounting for significant morbidity and mortality. Those at high risk should be considered for anticoagulation therapy during the post-hospitalization period. (Yale, 2005) Aspirin may be the most effective choice to prevent pulmonary embolism (PE) and venous thromboembolism (VTE) in patients undergoing orthopaedic surgery, according to a new study examining a potential role for aspirin in these patients. Patients who received aspirin had a lower VTE risk score than the patients who received warfarin. Patients who received aspirin had a much lower use of sequential compression devices than high-risk patients, but even aspirin patients should receive sequential compression as needed. (Bozic, 2008) Patients with suspected deep vein thrombosis (DVT) of the lower extremities are usually investigated with ultrasonography either by the proximal veins (2-point ultrasonography) or the entire deep vein system (whole-leg ultrasonography). The latter approach is thought to be better based on its ability to detect isolated calf vein thrombosis; however, it requires skilled operators and is mainly available only during working hours. These two ultrasound-based evaluations, both with their advantages and disadvantages, are about equally effective at guiding the management of patients with suspected lower-extremity deep-vein thrombosis (DVT), conclude the authors of a large RCT

Decision rationale: California MTUS Guidelines do not provide criteria applicable to this request. Under the Official Disability Guidelines, the use of a Vasotherm device following the claimant's cervical spine surgery would not be indicated. ODG Guidelines recommend prophylactic measures in subjects at high risk of developing venous thrombosis postoperatively. In this case, the claimant underwent a cervical fusion. The supplied medical records do not document underlying co-morbidities or a history of a previous venous thrombolytic event. Absent a significant risk factor for venous thrombosis the request for the 30-day use of a compressive Vasotherm device would not be established as medically necessary.