

Case Number:	CM14-0123991		
Date Assigned:	08/08/2014	Date of Injury:	08/11/2009
Decision Date:	09/16/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/06/2014

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 Nevada. 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 records, presented for review, indicate that this 48-year-old individual was reportedly injured on 8/11/2009. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated 3/4/2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated lumbar spine positive tenderness to palpation or muscle spasms noted with decreased range of motion. Straight leg raise was positive on the right side with decreased sensation at the L5-S1 distribution. Deep tendon reflexes and motor examination were within normal limits. No recent diagnostic studies are available for review. Previous treatment included lumbar surgery, and epidural steroid injections. A request had been made for Q-tech DVT prevention system and was not certified in the pre-authorization process on 7/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: Q Tech DVT Prevention System: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG): Knee & Leg (Acute & Chronic). Venous thrombosis.

Decision rationale: Prevention of venous thrombosis is recommended for the subjects who were at high risk of developing a DVT and providing prophylactic measures such as consideration for anticoagulation therapy. Risk for venous thrombosis is higher in those with leg injury combined with family history of venous thrombosis, Factor 5 Leiden mutation, and factor 2 Alpha mutations. After review of the medical records provided, the injured worker is noted to be status post lumbar surgery; however, the patient is not at high risk for DVT. There is no documentation of the treating physician placing him on anticoagulation therapy. Therefore, the current request for durable medical equipment is deemed not medically necessary.