

<b>Case Number:</b>	CM14-0172952		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/31/2012
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Emergency Medicine 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:

Patient with reported date of injury on 8/31/2012. Mechanism of injury is from a fall at work. Patient has a diagnosis of R hip femoroacetabular impingement. Patient is reportedly post R hip arthroscopy for femoral chondroplasty, debridement of labral tear and injection of joint on 5/27/14. Medical reports reviewed. Last report available until 4/28/14 which is all pre-surgery. The request for authorization for treatment is dated 8/26/14 for retroactive date of service on 5/27/14. A very brief progress note dated 9/8/14 merely documents "right hip pain". No objective exam was documented. It notes physical therapy, prescription for tramadol and Prilosec. There is no mention of the request for this device or any other details. Independent Medical Review is for intermittent limb compression device for right hip #30day rental. Prior UR on 9/18/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intermittent Limb Comp device 30 day rental ( right hip): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: 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>, <Venous thrombosis>

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, risk for venous thrombosis prophylaxis should be assessed and prophylaxis should be initiated if high risk. Intermittent limb compression device decreases risk for DVTs but no pulmonary embolisms. There is no documentation if patient was placed on aspirin or any other anticoagulants. Patients at risk should get up to 7-10 days of prophylaxis and those undergoing major surgery may be considered for up to 28days or longer. Since the provider has failed to provide any rationale for request or any documentation to support 30days of prophylaxis or to properly document risk assessment for DVT, the request for Intermittent Limb Compression device rental is not medically necessary.