

Case Number:	CM14-0184137		
Date Assigned:	11/12/2014	Date of Injury:	02/09/2013
Decision Date:	12/18/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/05/2014

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 General Surgery, has a subspecialty in Surgery of the Hand and is licensed to practice in Texas. 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 is a 53 year old male with a 2/9/13 date of injury. Patient is status post laparotomy with diagnoses of umbilical hernia, ventral hernia and abscess/cellulitis of the abdominal wall. The medical records provided include frequent reports of postoperative wound management. 11/06/14 progress report states that the patient is here for follow-up, has been doing well, and denies fevers or chills. Objectively, abdomen: Opening about 4 cm above the umbilicus, communicating with the cavity that is 4 cm deep, with opening approximately 0.5 cm in diameter. No cellulitis or swelling, serosanguinous drainage only. Treatment plan section states that it was irrigated with sterile saline and hydrogen peroxide, applied medicated dressing, packed with gauze, Xeroform and a large transparent thin film dressing. 09/04/14 progress report states a request for the mentioned exploratory laparotomy of the abdominal wall with debridement of skin, subcutaneous kidneys tissue, muscle and fascia. The report also states that the patient will require cardiac clearance due to morbid obesity, hypertension, uncontrolled diabetes mellitus. There is a request for bilateral deep vein thrombosis (DVT) calf cuffs and pump (rental).

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: intermittent limb compression device, bilateral times 1 month rental: 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 & Leg, 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 and Leg Chapter, Venous thrombosis and Other Medical Treatment Guideline or Medical Evidence: Prevention of Pulmonary Embolism in General Surgery Patients. Urszula Zurawska, BS; Sudha Parasuraman, MD; Samuel Z. Goldhaber, MD and <http://circ.ahajournals.org/content/115/9/e302.long#T1>

Decision rationale: The patient is stated to be obese, with uncontrolled diabetes mellitus. This increases the patient's risk category. However, there is no documentation of an evaluation of the patient's veins and no respective conclusion of the patient's risk status for deep vein thrombosis (DVT). Moreover, ODG Knee and Leg chapter states that current evidence suggests VTE prophylaxis is needed for inpatients undergoing many orthopedic-, general-, and cancer-surgery procedures and should be given for at least seven to 10 days. The UK National Institute for Health and Clinical Excellence (NICE) recommends mechanical methods of VTE prophylaxis in form of stockings, except in stroke patients. There is no rationale for the rental with 1-month duration, and despite the requested pre surgical cardiac clearance, no cardiovascular risk assessment has been provided to substantiate the request. The request is not medically necessary.

Associated surgical service: deep vein thrombosis (DVT) calf cuff: 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 & Leg, 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 and Leg Chapter, Venous thrombosis and Other Medical Treatment Guideline or Medical Evidence: Prevention of Pulmonary Embolism in General Surgery Patients. Urszula Zurawska, BS; Sudha Parasuraman, MD; Samuel Z. Goldhaber, MD and <http://circ.ahajournals.org/content/115/9/e302.long#T1>

Decision rationale: The patient is stated to be obese, with uncontrolled diabetes mellitus. This increases the patient's risk category. However, there is no documentation of an evaluation of the patient's veins and no respective conclusion of the patient's risk status for DVT. Moreover, ODG Knee and Leg chapter states that current evidence suggests VTE prophylaxis is needed for inpatients undergoing many orthopedic-, general-, and cancer-surgery procedures and should be given for at least seven to 10 days. The UK National Institute for Health and Clinical Excellence (NICE) recommends mechanical methods of VTE prophylaxis in form of stockings, except in stroke patients. That said, there is no rationale for the rental with 1-month duration, and despite the requested pre surgical cardiac clearance, no cardiovascular risk assessment has been provided to substantiate the request. The request is not medically necessary.

Associated surgical service: inpatient stay (unlisted number of days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hospital length of stay (LOS) guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia Chapter, Hospital length of stay (LOS) guidelines

Decision rationale: The prior review dated 10/08/14 issued a modified recommendation for 3 days of inpatient stay, based on the guidelines stated in the ODG Hernia Chapter. The request for an unlisted number of inpatient stay days is not supported by the guidelines, and the medical necessity for it cannot be established. Therefore, this request is not medically necessary.