

Case Number:	CM14-0026985		
Date Assigned:	06/27/2014	Date of Injury:	02/15/2011
Decision Date:	12/24/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/03/2014

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 Orthopaedic 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:

This 48-year-old female sustained an industrial injury on 2/15/11. The mechanism of injury was not documented. Past medical history was positive for gastritis and migraine headaches. The 12/20/13 lumbar spine MRI impression documented minimal straightening of the normal lumbar lordosis, multiple small hemangiomas throughout the lumbosacral spine, and multilevel degenerative changes from L3/4 to L5/S1, most prominent at L4/5. At L4/5 there was disc desiccation, degenerative end-plate changes, and a 4 mm broad-based annular disc bulge with mild flattening of the ventral aspect of the thecal sac. There was minimal spinal canal stenosis secondary to disc bulging, ligamentum flavum hypertrophy, and facet osteoarthropathy. Records documented on-going complaints of low back and left leg pain to the foot with very limited activities of daily living, failure of conservative treatment, and a positive discogram at L4/5. The patient underwent decompression and fusion at L4/5 on 1/10/14. A [REDACTED] DVT (deep vein thrombosis) prevention system was prescribed for up to 35 days home use with no patient-specific indications documented. The 2/5/14 utilization review modified the request for the [REDACTED] DVT prevention system from up to 35 days use to 14 days post-op as there was no rationale presented why the patient would not be sufficiently ambulatory 14 days post-op to obviate the need for a mechanical DVT system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: [REDACTED] **deep vein thrombosis (DVT) prevention system- status post-surgery for home use up to 35 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 (Knee & Leg Chapter)

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, Venous Thrombosis

Decision rationale: The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) generally recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Guideline criteria have not been met. There are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. The 2/5/14 utilization review partially certified this request for a mechanical DVT prevention system for 14 days post-operative use. There is no compelling reason to support the medical necessity of additional use. Therefore, request for [REDACTED] deep vein thrombosis (DVT) prevention system is not medically necessary.