

Case Number:	CM14-0034732		
Date Assigned:	06/20/2014	Date of Injury:	12/05/2012
Decision Date:	07/25/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/20/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 is a 51-year-old female who was injured on 12/05/12. The clinical records provided for review document that the claimant has been authorized for low back surgery to include a L3 through S1 decompression. In addition to the request for surgery, there is also a request for the rental of VascuTherm for DVT compression for four weeks and the postoperative use of a lumbar garment for DVT compression as well. The remaining clinical records are not relevant to the postsurgical requests in this individual's case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm4 with DVT (Deep Vein Thrombosis) rental for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure - Venous Thrombosis.

Decision rationale: California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the request for VascuTherm DVT rental for four

weeks would not be indicated. This individual will undergo decompression of the lumbar spine. The medical records do not document any past medical history or comorbid conditions specific for a history of venothrombolytic events. This individual would be weight bearing in the post-operative setting. Therefore, the use of the above device for a four week period of time would not be supported.

Postoperative Lumbar Garment DVT (Deep Vein Thrombosis) calf wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure Compression garments.

Decision rationale: California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the request for a lumbar garment for compressive protection would not be indicated. As stated above, there is currently no documentation in the records for review of a history of veno-thrombolytic event or increased risk of veno-thrombolytic event. Therefore., based on the claimant's surgical process, the specific request for the garment for compressive purposes would not be supported as medically necessary.