

Case Number:	CM14-0049531		
Date Assigned:	07/07/2014	Date of Injury:	04/01/2008
Decision Date:	08/26/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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 patient is a 60 year old employee with date of injury of 4/1/2008. Medical records indicate the patient is undergoing treatment for neck and radicular pain in the upper extremities; patient underwent anterior cervical discectomy and fusion at C5-6 and C6-7 with intervertebral cage prosthesis and anterior cervical plate/screw fixation at C5 to C7 with stem cell autograph on 1/28/2014. Status post-surgery on 4/14/2014. Subjective complaints include neck pain, radicular pain in upper extremities. Objective findings include: the firm area was palpable under the soft tissue of the neck on the left; radiographs of the cervical spine revealed migration of a screw toward the esophagus. Removal and replacement of anterior C7 screw and bilateral posterolateral mass/screw/rod fixation at C5-7 with posterior arthrodesis using posterior iliac crest bone graft was recommended certified. Treatment has consisted of PT, electrical bone growth stimulator, Tylenol with Codeine, Meclizine, aspirin, Zocor, Vitamin E, Vitamin D, Diabeta, Hygroton, Vicodin, Hydrochlorothiazide, Labetalol, Cozaar, Lovastatin and Metformin. The utilization review determination was rendered on 4/10/2014 recommending non-certification of Vascutherm Unit with DVT Prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm Unit with DVT Prophylaxis: 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

(Acute & Chronic) Scottish Intercollegiate Guidelines Network (SIGN). Prevention and management of venous thromboembolism. A national clinical guideline. Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN); 2010 Dec. 101 p. (SIGN publication; no 122). (425 references).

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: MTUS is silent concerning DVT prophylaxis. ODG states Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis. The relative risk for venous thrombosis is 3-fold greater following minor injury, especially if injury occurs in the 4 weeks prior to thrombosis, is located in the leg, and involves multiple injuries or rupture of muscle or ligament. Risk for venous thrombosis is higher in those with leg injury combined with family history of venous thrombosis (12-fold risk), Factor V Leiden mutation (50-fold risk), or Factor II 20210A mutation (9-fold risk). While DVT prophylaxis is appropriate for surgical patients, the treating physician has not provided documentation to meet the above ODG guidelines. As such the request for Vascutherm Unit with DVT Prophylaxis is not medically necessary.