

Case Number:	CM14-0051009		
Date Assigned:	07/07/2014	Date of Injury:	10/25/2010
Decision Date:	11/24/2014	UR Denial Date:	03/10/2014
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 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 33 year old employee with date of injury of 10/25/2010. Medical records indicate the patient is undergoing treatment for L5-S1 grade 1 anterolisthesis with rotary sublaxation with confirmed traumatic bilateral pars defect confirmed on recent CT scan with no evidence of sacralization on the left. He has L4-5 severe desiccation, interspace collapse, medic changes, 2 mm disc protrusion with lateral recess stenosis. He has a S1-S2 left conjoint nerve root and spina bifida occulta. He has been smoking pack a day for 12 years. Subjective complaints include constant low back pain that is rated 8-9/10 for pain. The pain radiates to the right buttock, dorsolateral thigh, calf, ankle and right heel with numbness and tingling in the right toes. He describes is right foot as constantly "freezing cold" and "asleep". His right leg feels week and he trips frequently. He can't lift his right foot well. He takes 6 Norco tablets on a "bad" day and 4 tablets on a "good" day. Norco, Tramadol and Flexeril give him minimal relief. He says 90% of his pain is in his back and 10% is in his legs. Objective findings include standing range of motion (ROM) at 45 degrees with difficulty. He has spasm, guarding and loss of lordosis. Seating right leg raise is 80 degrees with a tension sign and 90 degrees on the left. There is diminished right heel and toe walking and heel to toe raise. Treatment has consisted of PT, chiropractic care and epidural steroid injections. His knee reflexes are 2; right ankle 1, left is absent. A sensory exam proves numbness at the right dorsolateral foot, calf and thigh with medial foot numbness greater than lateral. The utilization review determination was rendered on 3/7/2014 recommending non-certification of a VascuTherm DVT Unit Rental 14 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

VascuTherm DVT Unit Rental 14 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 and Leg

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 and Compression Therapy
http://www.thermotekusa.com/md_vascutherm.php

Decision rationale: Guidelines state that DVT prophylaxis is appropriate for surgical patients however; the treating physician has not provided documentation as to why compression therapy is needed in addition to anticoagulation therapy. As such, the request VascuTherm DVT Unit Rental 14 days are not medically necessary.