MAXIMUS Federal Services

Case Number:	CM14-0053815		
Date Assigned:	07/07/2014	Date of Injury:	03/28/2013
Decision Date:	09/30/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/22/2014

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 Occupational Medicine 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:

The patient is a 45-year-old male who has submitted a claim for enthesopathy of hip region and hemarthrosis associated with an industrial injury date of March 28, 2013. Medical records from 2013 were reviewed. The patient complained of right hip pain. Physical examination showed limitation of motion of the right hip due to pain. MRI arthrogram revealed labral tear. The diagnosis was labral tear of the left hip. Treatment plan recommended arthroscopy due to failure of other conservative measures. No discussion of hip pathology was noted from the progress reports submitted. Subjective and objective findings were based on utilization review on March 26, 2014. Treatment to date has included oral analgesics, physical therapy, and chiropractic therapy. There was no clear inherent risk of VTE by the medical history. Also, the procedure was itself a low risk procedure for clots as it was being done arthroscopically.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT (Deep Vein Thrombosis) Contrast Compression Unit with Cuffs & Cold Pad x 30 Days Rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Venous Thrombosis, Compression Garments, Low Back Procedure Summary; Frontera: Essentials of Physical Medicine and Rehabilitation, 1st ed., Chapter 104 - Deep Vein 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 & Leg, Venous Thrombosis.

Decision rationale: CA MTUS does not specifically address venous thrombosis prophylaxis. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG recommends identifying subjects at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Current evidence suggests that prophylaxis is needed for inpatients undergoing many orthopedic procedures and should be given for at least seven to ten days. However, ODG states that although mechanical methods reduces the risk of DVT, there is no evidence that they reduce the main threat, the risk of pulmonary embolism or total mortality. In contrast, pharmacological methods significantly reduce all of these outcomes. In this case, there is conflicting information from a progress report dated September 27, 2013 which showed a diagnosis of left hip labral tear in contrast to the right hip complaints based on utilization review from March 26, 2014. Moreover, review of progress reports did not show subjective and objective findings of hip pathology. Arthroscopy was recommended and subsequently a postoperative DVT compression unit. The medical necessity cannot be established due conflicting information. Furthermore, there was no documentation that surgical procedure was authorized. Therefore, the request for DVT (Deep Vein Thrombosis) Contrast Compression Unit with Cuffs & Cold Pad x 30 Days Rental is not medically necessary.