

<b>Case Number:</b>	CM14-0063728		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/23/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 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 42 year old male injured at work on February 23, 2012. On January 2, 2014 the patient underwent spine surgery for bilateral lateral recess stenosis at L4-L5 and herniated nucleus pulposus L5-S1 with lower extremity radiculopathy. The operative report dated January 2, 2014 and anesthesia record dated January 2, 2014 were reviewed. The request is for one intermittent limb compression unit with two half leg garments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **One Intermittent Limb Compression Unit With Two Half Leg Garments: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Dis Mon. 2005 Feb-Mar; 51(2-3):70-8 Thrombosis Risk Assessment As A Guide To Quality Patient Care Caprini JA and Prevention of Venous Thromboembolism: American College of Chest Physicians Evidence Based Clinical Practice Guidelines (8th Edition).

**Decision rationale:** The patient is a 42 year old male who underwent a major surgery under general anesthetic on January 2, 2014. The surgical anesthesia time is documented as 2 hours and 16 minutes. The patient's body mass index is 28. Deep venous thrombosis and pulmonary embolus are life threatening conditions. Evidence based guidelines support prophylaxis of deep venous thrombosis in this patient. The patient has multiple risk factors including age, increased body mass index and surgical duration. He is not a candidate for pharmacological prophylaxis during surgery and mechanical prophylaxis is indicated. The request for one intermittent compression device with two half leg garments, otherwise known as a pneumatic compression device is medically indicated.