

Case Number:	CM14-0082346		
Date Assigned:	07/21/2014	Date of Injury:	10/03/2013
Decision Date:	08/28/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/03/2014

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 patient is a 39-year-old gentleman who was injured in work related accident on 10/03/13. Records provided for review document complaints of neck pain that was subsequently treated with anterior cervical discectomy and fusion at the C6-7 level on 04/24/14. The specific request in this case is for a thirty day use of a VascuTherm deep vein thrombosis (DVT) prophylactic rental for postoperative use. There are no other clinical records for review in relationship to this postsurgical request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm unit with deep vein thrombosis (DVT) prophylaxis, post-operative, for thirty (30) day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the Non-MTUS Official Disability Guidelines (ODG) Texas Workers Compensation (TWC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition 2013 Updates: Forearm/Wrist/Hand Procedure, Vasopneumatic devices. (McCulloch, 1995) (Moseley, 2007) See also Lymphedema pumps.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the request for use of a VascuTherm unit for DVT prophylactics in the postoperative period cannot be supported. There is no indication for increased risk factor of deep venous thrombosis following a one level anterior cervical discectomy and fusion. There is no documentation in the medical records that the claimant has a medical history of a diagnosis or comorbidity factors that would support need for venothrombolytic care in the postoperative setting. The specific request for thirty day use of VascuTherm unit DVT prophylaxis, post-operative is not medically necessary and appropriate