

<b>Case Number:</b>	CM14-0091987		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/02/1994
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Internal 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 injured worker is a 56 year old male who reportedly suffered an industrial injury on 9/2/1994. He was seen last in April 2014. Surgery in January 2014 for placement of an epidural pain pump is noted. The injured worker complained of pain in the neck, back, lower extremities and particularly bilateral knees. He had paraspinal tenderness, limited range of motion, spasms and diminished strength with positive straight leg raising tests. Reflexes in the Achilles and patellar tendons were absent. The patient's medications included Cymbalta, Warfarin, Intrathecal Fentanyl, Metformin, Atenolol, Promethazine, Albuterol, Amitiza, Fosinopril, Zyprexa, Effexor, Nucynta, Hyoscamine and Senokot. The request was for intermittent pneumatic compression device. Reason for this was not stated. No rationale was provided in the clinical records reviewed. The provider did mention that the patient was not planning to have any surgeries and no history of deep venous thrombosis was provided. No physical findings of deep venous thrombosis were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Deep vein thrombosis (DVT): intermittent pneumatic compression device, E0676, for rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee & Leg (updated 3/31/14); Deep Vein Thrombosis (DVT)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): SECTION - KNEE AND LEG, TOPIC - DVT / VENOUS THROMBOSIS.

**Decision rationale:** No rationale was provided for the request of rental of pneumatic compression device. Typically, these devices are used when patients are at high risk of getting a deep venous thrombosis and are unable to take oral or parenteral anti-coagulants. The patient is noted to be on Warfarin. The typical indications for prophylaxis against deep venous thrombosis include major orthopedic surgery such as fracture repair, total knee or hip arthroplasty, major trauma with immobilization, septic shock and / or other medical illness causing prolonged immobilization and systemic inflammation etc. No such condition pertains to the patient. Therefore, the request for pneumatic compression device rental is not supported by applicable guidelines so, this request is not medically necessary.