

Case Number:	CM14-0185113		
Date Assigned:	11/13/2014	Date of Injury:	01/24/2013
Decision Date:	01/30/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/06/2014

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, has a subspecialty in Spine Surgery and is licensed to practice in Ohio, Tennessee, & Texas. 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 55-year-old male who reported an injury on 01/24/2013. The mechanism of injury was not specified. His diagnosis included status post L3-4 decompression and noninstrumented fusion. His past treatments included braces, physical therapy, and medication. Diagnostic studies included an MRI of the lumbar spine performed on 06/19/2014, which was noted to reveal surgical changes from the L4-S1, moderate central spinal stenosis from L1-2 through L4-5, mild foraminal narrowing at the L2-3 level, and facet arthropathy seen at the L3-4 level. His surgical history included an L4-5 and L5-S1 fusion performed in 2005, and an L3-4 decompression performed in 2014. The progress note dated 11/19/2014 indicated the patient presented for a postoperative visit. His medications were noted to include Norco 10/325 mg 1 every 6 hours as needed, aspirin 60 mg, frequency not specified, tramadol 50 mg, frequency not specified, and cyclobenzaprine 5 mg, frequency not specified. The treatment plan included the request for DVT prophylaxis unit, required 30 days. The rationale for the request and the Request for Authorization form were not included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Prophylaxis Unit, Required 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin, Intermittent Pneumatic Compression Devices for the Legs

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: The request for DVT Prophylaxis Unit, Required 30 days is not medically necessary. The California MTUS/ACOEM Guidelines do not specifically address the use of DVT prophylaxis units. The Official Disability Guidelines indicate low levels of compression 10 mm to 30 mm of mercury applied by stockings was effective in the prevention of edema in deep vein thrombosis. The clinical documentation submitted failed to provide details of the specific patient risk factors for deep vein thrombosis. The guidelines indicate that stockings were sufficient in preventing DVT. There was a lack of clinical documentation to evidence medical necessity for a device beyond stockings to prevent deep vein thrombosis. The clinical documentation provided also failed to indicate other exceptional factors to establish medical necessity for the request. As such, the request for DVT Prophylaxis Unit, Required 30 days is not medically necessary.