

Case Number:	CM14-0187601		
Date Assigned:	11/17/2014	Date of Injury:	03/13/1993
Decision Date:	01/15/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/10/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

76 year old male injured worker with date of injury 3/13/93 with related pain in the low back and legs. Per progress report dated 8/20/14, the injured worker reported low back pain that radiated down the right leg to the calf. Per physical exam, straight leg raise test was positive at 60 degrees; the injured worker was unable to heel-toe walk and exhibited a guarded gait. Treatment to date has included physical therapy, epidural steroid injections, and medication management. The date of UR decision was 10/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Calf Cull and Pump 1 time rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, DVT Pump

Decision rationale: The MTUS is silent on the use of DVT pumps. Per the ODG guideline, identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy is recommended. The

documentation submitted for review indicates that the physician ordered the unit for use on the day of an authorized epidural injection. The medical records contained no documentation indicating that the injured worker was at high risk for developing DVT. As there was no rationale supporting the request, the request is not medically necessary.