

Case Number:	CM14-0201576		
Date Assigned:	12/11/2014	Date of Injury:	02/13/2014
Decision Date:	02/03/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/02/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine, 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 with an injury date of 02/13/14. Based on the 02/20/14 progress report provided by treating physician, the patient complains of pain to the right side of abdomen and groin area. Physical examination on 02/20/14 revealed right inguinal hernia, approximately 5cm below inguinal ring, minimal tenderness, full reducible. Per Request for Authorization form dated 04/02/14, and progress report dated 04/02/14, treating physician requests "POST-OP Equipment dispensed on 04/02/14," for the diagnosis of "status post right inguinal hernia, indirect surgery."Diagnosis 04/02/14- Status post right inguinal hernia, indirect surgeryThe utilization review determination being challenged is dated 11/12/14. The rationale is "The patient underwent a straight forward inguinal repair. There is little evidence for this particular procedure that intra or postoperative compressive devices have any overall effect on the incidence of peripheral thromboembolism..." Treatment reports were provided from 02/20/14 - 11/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 04/02/14 Full leg non-segmental pneumatic appliance (cuffs): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Knee & Leg under venous thrombosis.

Decision rationale: The patient presents with pain to the right side of abdomen and groin area on 02/20/14. Physical examination on 02/20/14 revealed right inguinal hernia, approximately 5cm below inguinal ring, minimal tenderness, full reducible. Per operative report dated 04/02/14, the patient is status post right inguinal hernia, indirect surgery. The request is for (retro) dos 04/02/14 full leg non-segmental pneumatic appliance (cuffs). ODG guidelines, Chapter Knee & Leg under venous thrombosis states, "Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. Studies have addressed the risk for thrombosis following major injury, and minor events, including travel, minor surgery, and minor trauma, are linked to a 3-fold increased risk for venous thrombosis. Venothromboembolism (VTE) is an important condition in hospitalized patients accounting for significant morbidity and mortality. Those at high risk should be considered for anticoagulation therapy during the post-hospitalization period. Aspirin may be the most effective choice to prevent pulmonary embolism (PE) and venous thromboembolism (VTE) in patients undergoing orthopedic surgery, according to a new study examining a potential role for aspirin in these patients. Patients who received aspirin had a lower VTE risk score than the patients who received warfarin. Patients who received aspirin had a much lower use of sequential compression devices than high-risk patients, but even aspirin patients should receive sequential compressions needed." UR letter dated 11/12/14 states "The patient underwent a straight forward inguinal repair. There is little evidence for this particular procedure that intra or postoperative compressive devices have any overall effect on the incidence of peripheral thromboembolism." Reports provided do not explain what this unit is, whether or not it is a continuous flow cold device, or a device for DVT prophylaxis. Patient has undergone indirect right inguinal hernia surgery on 04/02/14. The ODG guidelines recognize DVT risk factor for surgery and hospitalization which this patient underwent. The use of compression device appears supported. Therefore, the request is medically necessary.

(Retro) DOS 04/02/14 Pneumatic compression device: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Knee & Leg under venous thrombosis.

Decision rationale: The patient presents with pain to the right side of abdomen and groin area on 02/20/14. Physical examination on 02/20/14 revealed right inguinal hernia, approximately 5cm below inguinal ring, minimal tenderness, full reducible. Per operative report dated 04/02/14, the patient is status post right inguinal hernia, indirect surgery. The request is for (retro) dos 04/02/14 pneumatic compression device. ODG guidelines, Chapter Knee & Leg under venous thrombosis states, "Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. Studies have addressed the risk for thrombosis following major injury, and minor events, including travel, minor surgery, and minor trauma, are linked to a 3-

fold increased risk for venous thrombosis. Venothromboembolism (VTE) is an important condition in hospitalized patients accounting for significant morbidity and mortality. Those at high risk should be considered for anticoagulation therapy during the post-hospitalization period. Aspirin may be the most effective choice to prevent pulmonary embolism (PE) and venous thromboembolism (VTE) in patients undergoing orthopedic surgery, according to a new study examining a potential role for aspirin in these patients. Patients who received aspirin had a lower VTE risk score than the patients who received warfarin. Patients who received aspirin had a much lower use of sequential compression devices than high-risk patients, but even aspirin patients should receive sequential compressions needed." UR letter dated 11/12/14 states "The patient underwent a straight forward inguinal repair. There is little evidence for this particular procedure that intra or postoperative compressive devices have any overall effect on the incidence of peripheral thromboembolism." Reports provided do not explain what this unit is, whether or not it is a continuous flow cold device, or a device for DVT prophylaxis. Patient has undergone indirect right inguinal hernia surgery on 04/02/14. The ODG guidelines recognize DVT risk factor for surgery and hospitalization which this patient underwent. The use of compression device appears supported. Therefore, the request is medically necessary.