

<b>Case Number:</b>	CM14-0202124		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	06/16/2011
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Occupational 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:

38 year old male handyman who injured his left knee, neck and lower back at work on 16 Jun 2011 when a murphy bed frame he was working on fell onto him. He was diagnosed with degenerative disc disease (cervical and lumbar) with herniated disc L5-S1 and left S1 radiculopathy, chronic cervical strain and chronic bilateral shoulder impingement syndrome. Comorbid conditions include obesity (BMI 30). He developed anxiety and depression from the stress of his industrial injuries. At his most recent primary treating physician visit on 15 Sep 2014 he complained of persistent neck pain accompanied by headaches that worsen with daily activities. He had pain in his left shoulder, both wrists and both knees. Exam at that visit showed an antalgic gait while using a walker, tenderness in the posterior neck and bilateral trapezius and rhomboid muscles. Lumbar spine exam showed midline tenderness at L5-S1 and in the gluteal region with pain radiating posteriorly into both feet; there was decreased sensation in the left foot. Lumbar MRI (24 May 2012) showed posterior disc protrusion at L5-S1 with left and right side neuroforaminal stenosis (right worse than left). Cervical MRI (25 May 2012) showed mild degenerative disc changes at C5-6 and C6-7. Lumbar CT scan (26 Jul 2012) showed burst compression fracture at S1 with approximately 50% loss of central height. Lower extremity venous duplex study (10 Aug 2014) showed no evidenced of a deep vein thrombosis. Lumbar X-ray (7 Oct 2014) showed healing bone graft. Treatment has included surgery (L5-S1 fusion - 2 Jun 2014), physical therapy, pool therapy, walker, cane, foot brace and medications (Norco, Ambien, Lyrica, Nexium, Celebrex, Fentanyl patch, Aciphex, Zolof, Nucynta, Lunesta, Duocolax, gabapentin, Senokot, and prednisone). He is presently temporarily totally disabled. A request for DVT prophylaxis unit with intermittent limb therapy was made on 7 Oct 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT prophylaxis unit with intermittent limb therapy for 30 day use:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 331, Chronic Pain Treatment Guidelines Page(s): 10-2. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Prevention of VTE in orthopedic surgery patients: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians evidence-based clinical practice guidelines. Source: <http://www.guideline.gov/content.aspx?id=35265#Section420> Antithrombotic therapy for venous thromboembolic disease: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest

**Decision rationale:** Intermittent limb therapy for prevention of deep vein thrombosis (DVT) is a therapeutic technique using intermittent compression devices that give sequential compression of the lower legs in a milking action. It is indicated for use during surgery, in the immediate post-surgical period and when the patient is at significant risk for developing a DVT. Commonly it is used in combination with anticoagulant medication. The request for use of this device in this patient is not in the immediate post-op period nor is there evidence that the patient presently is at high risk for developing a DVT. There is no documented reason showing medical necessity for use of this device at this point in the patient's therapy. This request is not medically necessary.