

Case Number:	CM15-0005060		
Date Assigned:	01/16/2015	Date of Injury:	11/27/1996
Decision Date:	03/20/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

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 57 year old female, who sustained an industrial injury on 11/27/1996. On 1/9/15, the injured worker submitted an application for IMR for review of a Pneumatic intermittent Device. The physician treating the injured worker reports worsening back pain with left leg symptoms. The diagnoses have included severe facet arthropathy L5-S1, spondylolithesis L5-S1, L3-4, L4-5, L5-S1 stenosis, disc degeneration L3-4 and L4-5 and left L5 radiculopathy with multiple co-morbidities. Treatment to date has included multiple consults and surgeries: Spinal Cord Stimulator placement 6/4/12; removal on 6/23/14, status post left carpal tunnel release, lumbar laminotomy, foraminotomy L3-4/L4-5 11/9/09; status post left total knee arthroplasty (that failed); intrathecal pain pump. The injured worker has also had epidural steroid injections; physical therapy and uses a motorized chair. Diagnostics include MRI lumbar spine with most recent 10/7/14, MR Arthrogram left hip. On 12/19/14, Utilization Review non-certified the pneumatic intermittent device per the ODG Guidelines for knee and leg, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Pneumatic intermittent device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Venous thrombosis

Decision rationale: CA MTUS/ACOEM is silent on the issue of pneumatic intermittent device. According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." In this case the patient is status post spinal cord stimulator placement and failed total joint replacement. There is no evidence of venous thrombosis or risk factors to support venous duplex. Therefore the determination is for non-certification.