

<b>Case Number:</b>	CM15-0102214		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Emergency Medicine

### 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 41 year old female, who sustained an industrial injury on 08/20/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as status post right lumbar four to five and lumbar five to sacral one microdiscectomy performed on 02/19/2015. Treatment and diagnostic studies to date has included x-rays of the lumbar spine performed on 04/06/2015 and above noted procedure. In a progress note dated 04/06/2015 the treating physician reports complaints of right leg pain along with restricted range of motion to the lumbar spine. Lumbar x-rays performed on this date was revealing for slight disc space narrowing at lumbar four to five. The treating physician requested an intermittent limb compression device rental for retroactive date of service on 02/19/2015 for sequential compression devices for deep vein thrombosis, but the medical records lacked documentation indicating the specific reason for the requested equipment, but did indicate that the injured worker was status post lumbar surgery that was performed on 02/19/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: SCD DVT Intermittent Limb Compression Device rental DOS: 2/19/15: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Edition Knee and Leg Chapter, Venous Thrombosis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Venous Thrombosis.

**Decision rationale:** The requested Retro: SCD DVT Intermittent Limb Compression Device rental DOS: 2/19/15 , is medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines, Low Back, Venous Thrombosis, noted: Recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In the shoulder, risk is lower than in the knee and depends on: (1) invasiveness of the surgery (uncomplicated shoulder arthroscopy would be low risk but arthroplasty would be higher risk); (2) the postoperative immobilization period; & (3) use of central venous catheters. Upper extremity deep vein thrombosis (UEDVT) may go undetected since the problem is generally asymptomatic. The incidence of UEDVT is much less than that of the lower extremity DVT possibly because: (a) fewer, smaller valves are present in the veins of the upper extremity, (b) bedridden patients generally have less cessation of arm movements as compared to leg movements, (c) less hydrostatic pressure in the arms, & (d) increased fibrinolytic activity that has been seen in the endothelium of the upper arm as compared to the lower arm. The injured worker has right leg pain along with restricted range of motion to the lumbar spine. Lumbar x-rays performed on this date was revealing for slight disc space narrowing at lumbar four to five. The treating physician requested an intermittent limb compression device rental for retroactive date of service on 02/19/2015 for sequential compression devices for deep vein thrombosis. The injured worker was diagnosed as status post right lumbar four to five and lumbar five to sacral one microdiscectomy performed on 02/19/2015. Based on the reported lumbar surgery and related anticipated non-ambulatory status, the medical necessity for this DME has been established. The criteria noted above having been met, Retro: SCD DVT Intermittent Limb Compression Device rental DOS: 2/19/15 is medically necessary.