

Case Number:	CM15-0010770		
Date Assigned:	01/28/2015	Date of Injury:	05/19/2013
Decision Date:	04/23/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 53-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 19, 2013. In a Utilization Review Report dated December 16, 2014, the claims administrator failed to approve a request for cold compression unit/DVT compression device 30-day rental. The applicant had undergone a lumbar laminectomy surgery on September 8, 2014, it is incidentally noted. An RFA form dated November 3, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. On October 15, 2014, the applicant was placed off of work, on total temporary disability. The applicant's ambulatory status was not clearly detailed. The applicant was given a refill of Norco. In a separate progress note dated October 15, 2014, the applicant reported 4 to 5/10 residual low back pain status post earlier multilevel lumbar laminectomy-facetectomy surgery. The applicant denied any significant medical history. The applicant is taking three tablets of Norco a day. The applicant was described as exhibiting 5/5 lower extremity strength. The applicant was asked to continue walking as tolerated. 12 sessions of postoperative physical therapy were endorsed. Retrospective authorization for a previously dispensed DVT prophylaxis device was subsequently sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME; Vascutherm Cold/compression unit rental for 30 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/1268573-overview#showall> Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery Author: David A Forsh, MD; Chief Editor: Harris Gellman, MD ACCP Recommendations for Elective Spine Surgery For patients who have no additional risk factors, antithrombotic prophylaxis following elective spine surgery is not recommended.

Decision rationale: No, the retrospective request for a 30-day rental of a VascuTherm device, a combination of a DVT compression device plus a cold compression unit, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of postoperative DVT prophylaxis device. However, both Medscape and the American College of Chest Physicians (ACCP) note that antithrombotic prophylaxis following elective spinal surgery is not recommended in applicants who have no additional risks factors for the development of DVT. Here, October 15, 2014 progress note suggested that the applicant did not a significant past medical history. The applicant was independently ambulatory as of that date. 5/5 lower extremity strength was noted. The applicant was asked to participate in physical therapy and continue ambulating without any assistive devices. It did not appear, thus, the applicant had any specific risk factors present, such as a history of prior DVT or prolonged immobilization following lumbar spine surgery of September 8, 2014, which would have compelled provision of the VascuTherm DVT prophylaxis-cold therapy device. Therefore, the request was not medically necessary.