

Case Number:	CM15-0018844		
Date Assigned:	02/06/2015	Date of Injury:	01/23/2013
Decision Date:	12/03/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/02/2015

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: Minnesota, Florida

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 33 year old male who sustained an industrial injury 01-23-13. A review of the medical records reveals the injured worker is undergoing treatment for L5-S1 radiculopathy and disc protrusion with severe neural foraminal stenosis; L5 instability with flexion x-rays, spondylolisthesis, and pars fractures; left lumbar facet joint pain L4-S1, lumbar facet joint arthropathy and pain, lumbar disc protrusion, lumbar stenosis and sprain-strain, left shoulder internal derangement, cervical and thoracic sprain-strain, left shoulder sprain-strain, cervical disc protrusion with severe bilateral neural foraminal stenosis, labral tear, left biceps tear, and severe tendonitis of the biceps tendon. Medical records (12-02-14) reveal the injured worker complains of neck and left shoulder pain, thoracic and left low back pain, left buttock, left post thigh and left post calf pain. The physical exam (12-02-14) reveals tenderness upon palpation of the lumbar paraspinal muscles overlying the left L4-S1 facet joints and left shoulder, as well as the left deltoid. Left shoulder ranges of motion were restricted by pain in all directions, as were the bilateral lower extremity and lumbar spine. The cervical spine range of motion was also restricted. Prior treatment includes medications, physical therapy, and epidural steroid injections. The treating provider reports the plan of care is for a lumbar fusion. The original utilization review (01-24-15) non-certified the request for DVT prophylactic unit with intermittent limb therapy to be used for 30 days post operatively.

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 to be used for 30 days post-op:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery" <http://emedicine.medscape.com/article/1268573-overview#aw2aab6b3>.

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

Decision rationale: ODG guidelines indicate deep venous thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery. It is recommended to perform a thorough preoperative workup to uncover possible risk factors for deep vein thrombosis/pulmonary embolism. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. In this case the injured worker is undergoing a lumbar fusion. No risk factors for deep vein thrombosis have been identified. As such, the guidelines do not recommend routine prophylaxis. Therefore, the request for DVT prophylaxis Unit with intermittent limb therapy for 30 days is not supported and therefore, not medically necessary.