

Case Number:	CM15-0169316		
Date Assigned:	09/10/2015	Date of Injury:	04/17/2015
Decision Date:	10/27/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/27/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 52 year old male, who sustained an industrial injury on 4-17-2015, after lifting a generator. The injured worker was diagnosed as having inguinal hernia, without mention of obstruction or gangrene, unilateral or unspecified (not specified as recurrent). His past medical history was documented as elevated cholesterol. Treatment to date has included diagnostics, medications, and left inguinal herniorrhaphy on 5-15-2015. The operative report contained a detailed description of the procedure and noted that "SCDs (sequential compression device) were in place." The request for authorization (6-25-2015) was for intermittent limb compression device, and seg grad pneumatic half leg (right and left). It was documented that based upon a pre-surgical assessment, it was determined that the "patient was at risk for DVT based on the type of surgery, patient's medical history and other documented factors." The use of mechanical thromboprophylaxis by pneumatic compression device and segmental gradient pressure pneumatic appliances was indicated. His Thrombosis Risk Assessment score was 2, indicating moderate risk. 1 point was added for minor surgery and 1 point was added for age 40-60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Seg Grad Pneumatic Right Half Leg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: CHEST Evidence-Based Clinical Practice Guidelines; ACCP GUIDELINES, William H. Geerts, MD, FCCP; David Bergqvist, MD, PhD; Graham F. Pineo, MD; John A. Heit, MD; Charles M. Samama, MD, PhD, FCCP; Michael R. Lassen, MD; Clifford W. Colwell, MD.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address this topic. Therefore, alternative sources were sought. Per their most recent guidelines, the American College of Chest Physicians (ACCP/CHEST) address anticoagulation and management of various thrombotic disorders. These guidelines have been incorporated into the Surgical Care Improvement Project (SCIP), a national quality partnership of organizations interested in improving surgical care by significantly reducing surgical complications. Of note, these guidelines are published by the Specifications Manual for National Inpatient Quality Measures, a collaborative effort of the Joint Commission and the Centers for Medicare & Medicaid Services (CMS) to publish a uniform set of national hospital quality measures. CHEST guidelines state: "For general surgery patients with multiple risk factors for VTE who are thought to be at particularly high risk, we recommend that a pharmacologic method (ie, LMWH, LDUH three times daily, or fondaparinux) be combined with the optimal use of a mechanical method (ie, Intermittant Pneumatic Compression)." This is Grade 1A evidence, the highest level of evidence available to support a medical/scientific recommendation. Likewise, "For general surgery patients with multiple risk factors for VTE who are thought to be at mild/moderate risk, we recommend optimal use of a mechanical method (ie, Intermittant Pneumatic Compression)." This patient underwent an inguinal hernia repair above the age of 40 years old. The patient was documented to be at an increased moderate risk for intraoperative venous thrombosis due to his age, surgery type and history of high cholesterol. Per the most recent national SCIP and CHEST guidelines, use of a mechanical prophylaxis (SCDs) was appropriate and consistent with the current surgical standard of care for DVT prevention. Therefore, based on the submitted medical documentation, the request for segmental gradient pneumatic right half leg (SCD) is medically necessary.

Retro Seg Grad Pneumatic Left Half Leg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: CHEST Evidence-Based Clinical Practice Guidelines; ACCP GUIDELINES, William H. Geerts, MD, FCCP; David Bergqvist, MD, PhD; Graham F. Pineo, MD; John A. Heit, MD; Charles M. Samama, MD, PhD, FCCP; Michael R. Lassen, MD; Clifford W. Colwell, MD.

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Retro DVR Compression Device: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: CHEST Evidence-Based Clinical Practice Guidelines; ACCP GUIDELINES, William H. Geerts, MD, FCCP; David Bergqvist, MD, PhD; Graham F. Pineo, MD; John A. Heit, MD; Charles M. Samama, MD, PhD, FCCP; Michael R. Lassen, MD; Clifford W. Colwell, MD.

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fondaparinux) be combined with the optimal use of a mechanical method (ie, Intermittant Pneumatic Compression)." This is Grade 1A evidence, the highest level of evidence available to support a medical/scientific recommendation. Likewise, "For general surgery patients with multiple risk factors for VTE who are thought to be at mild/moderate risk, we recommend optimal use of a mechanical method (ie, Intermittent Pneumatic Compression)." This patient underwent an inguinal hernia repair above the age of 40 years old. The patient was documented to be at an increased moderate risk for intra-operative venous thrombosis due to his age, surgery type and history of high cholesterol. Per the most recent national SCIP and CHEST guidelines, use of a mechanical prophylaxis (SCDs) was appropriate and consistent with the current surgical standard of care for DVT prevention. Therefore, based on the submitted medical documentation, the request for retrospective DVR compression device is medically necessary.

Retro Intermittent Limb Comp Device: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: CHEST Evidence-Based Clinical Practice Guidelines; ACCP GUIDELINES, William H. Geerts, MD, FCCP; David Bergqvist, MD, PhD; Graham F. Pineo, MD; John A. Heit, MD; Charles M. Samama, MD, PhD, FCCP; Michael R. Lassen, MD; Clifford W. Colwell, MD.

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