

Case Number:	CM15-0169610		
Date Assigned:	09/10/2015	Date of Injury:	01/05/2014
Decision Date:	10/07/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/28/2015

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: Montana, Oregon, Idaho
 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 49-year-old female who sustained an industrial injury on January 05, 2014. A primary treating office visit dated February 04, 2015 reported subjective complaint of severe headaches with visual disturbances; burning neck pain, bilateral shoulder pain, bilateral elbow pain, bilateral knee pain, bilateral wrist pain, and low back pain. The following diagnoses were applied: visual disturbance; headaches; cervicgia; cervical disc displacement; radiculopathy, cervical region; bilateral shoulder pain; rule out injury of muscle , tendon of rotator cuff of bilateral shoulders; bilateral elbow pain rule out derangement; bilateral wrist pain rule out derangement; low back pain; intervertebral disc displacement , lumbar region; pain in bilateral knee rule out derangement; pain in right ankle and joints of right foot; mood disorders; anxiety disorder; stress and sleep disorder. The plan of care noted continuing with physical therapy session, chiropractic care, and acupuncture therapy treating bilateral shoulders, wrists, and knees; undergo a magnetic resonance imaging study of shoulders, elbows, and wrists; radiography study of lumbar spine, and shockwave therapy session and use of Terocin patches. He is temporarily totally disabled. On August 20, 2015, she underwent right ankle arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

IPC DVT therapy device 4 week rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot.

Decision rationale: Prophylaxis for preventing deep vein thrombosis (DVT) and pulmonary embolism (PE) has been receiving increasing attention in recent years. The Agency for Healthcare Research and Quality, for example, ranks prevention of venous thromboembolism (VTE) as one of the top preventive initiatives that can improve patient safety in health-care settings. The overall incidence of post procedure VTE in podiatric surgery was 0.30%. Three risk factors were significantly and independently associated with VTE in podiatric surgery: prior VTE (incidence, 4.6%; relative risk, 23.0), use of hormone replacement therapy or oral contraceptives (incidence, 0.55%; relative risk, 4.2), and obesity (incidence, 0.48%; relative risk, 3.0). For patients undergoing a podiatric procedure with a history of VTE, the risk for a procedure-related VTE increases significantly and periprocedure prophylaxis is recommended. In this case, the documentation does not demonstrate any of the listed risk factors for developing DVT. Therefore, the request for IPC DVT therapy device rental is not medically necessary.

Purchase of bilateral pressure pneumatic appliance x 2 (right ankle): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg.

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend to use of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient, there is no documentation of a history of increased risk of DVT or major knee surgery. There is no evidence of increased risk for DVT based upon the exam note of 07/07/15. Therefore medical necessity cannot be established and therefore the determinations for non-certification for the requested device.