

Case Number:	CM15-0185482		
Date Assigned:	09/25/2015	Date of Injury:	07/13/2009
Decision Date:	11/06/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/21/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 63 year old male, who sustained an industrial injury on 07-13-2009. He has reported subsequent back, left hip and shoulder pain and was diagnosed with chronic pain syndrome, rotator cuff injury, enthesopathy of hip region and lumbar radiculopathy. Treatment to date has included pain medication, physical therapy and Cortisone injections, which were noted to have failed to significantly relieve the pain. Work status was documented as retired. In a progress note dated 06-08-2015, the injured worker reported constant groin pain and decreased range of motion and reported no change in symptoms. Objective examination findings revealed 2x2 cm mass of the left posterior greater trochanter of the left hip, pain with palpation and friction of IT band with hip flexion and extension. The physician indicated that upon examination it appeared that there was a mass in the posterior greater trochanter-IT band tendinitis and that the injured worker was given the option to surgically excise the mass which the injured worker chose to pursue. The injured worker had exostectomy of spur from greater trochanter of the left hip performed on 07-16-2015. An order for DVT compression sleeves was written that day. There was no documentation as to the reason for ordering the compression sleeves or regarding the injured worker's risk factors for DVT. A request for authorization of retrospective deep vein thrombosis compression sleeves on DOS 7-16-2015 was submitted. As per the 09-14-2015 utilization review, the request for retrospective deep vein thrombosis compression sleeves on DOS 7-16-2015 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Deep Vein Thrombosis Compression Sleeves DOS 7-16-15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Knee and Leg (Acute and Chronic).

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

Decision rationale: CA MTUS is silent on the topic of DVT compression hose. ODG section on Knee indicates that compression hose may be indicated for the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. DVT prophylaxis is indicated after hip or knee replacement surgery and may include intermittent compression devices and/or anti-coagulation. In this case, the surgical procedure was exostectomy of a spur from the trochanter, a procedure for which DVT prophylaxis is not indicated. He has no documented history of DVT. DVT compression sleeves are not medically necessary.