

Case Number:	CM15-0041908		
Date Assigned:	03/12/2015	Date of Injury:	04/01/2008
Decision Date:	04/21/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/05/2015

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: 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 injured worker is a 62 year old male, who sustained an industrial injury on 4/1/08. He reported he slipped and fell onto the right hip/leg area and underwent surgery for right hip, right groin muscle repair in October 2012. Currently, the injured worker complains of painful right hip causing a limp when ambulating due to one extremity measuring shorter than the other since the injury and surgical repair. The injured worker was diagnosed as having dysplasia right hip; severe joint disease right hip. Treatment to date has included EMG. NCS (10/7/14); right hip x-ray (2/2/15); right hip injection (2/2/15). Surgery has been approved for a right total hip replacement. Per Utilization Review decision, the Cothera V-pulse unit requested for 7 days was modified a 7-day rental for this surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cothera V-Pulse Unit (for DVT Prevention): 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).

MAXIMUS guideline: Decision based on Non-MTUS Citation [REDACTED]; Outpatient Use of Limb Pneumatic compression Devices for Venous Thromboembolism Prophylaxis; Policy #: 515, Latest Review Date: August 2013.

Decision rationale: It appears that the request is for use of the Cothra V-Pulse Unit for a minimum of four weeks following surgery. The MTUS and ODG are silent on this issue. According to the [REDACTED] policy regarding Outpatient Use of Limb Pneumatic compression Devices for Venous Thromboembolism Prophylaxis, outpatient use of no more than 14 days of limb pneumatic compression devices for venous thromboembolism prophylaxis after major orthopedic surgery meets [REDACTED] medical criteria for coverage in patients with a contraindication to pharmacological agents (i.e., at high-risk for bleeding). Outpatient use of limb pneumatic compression devices for venous thromboembolism prophylaxis after major orthopedic surgery does not meet [REDACTED] medical criteria for coverage and is considered investigational in patients without a contraindication to pharmacological prophylaxis. Cothra V-Pulse Unit (for DVT Prevention) is not medically necessary.