

Case Number:	CM15-0043574		
Date Assigned:	03/13/2015	Date of Injury:	12/02/2011
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female who reported an injury on 12/02/2011. The mechanism of injury was not provided. The documentation of 09/29/2014 revealed the injured worker's medications include Norco, Flexeril, and Zofran. The documentation indicated the treatment plan was an ACDF at C4-5 and C6-7. The diagnoses included cervicalgia and cervical stenosis. The injured worker was noted to have continued left upper extremity pain with radiation down to the thumb and middle finger. There was noted to be radiation of right upper extremity pain to the scapula. There was no Request for Authorization or rationale submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative DVT unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Reed Group/The medical disability advisor, Official Disability Guidelines (ODG) Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Venous Thrombosis, Compression Garments.

Decision rationale: The Official Disability Guidelines indicate that injured workers should be assessed for deep vein thrombosis. If found to be at risk for deep vein thrombosis, the injured worker should be considered for oral anti coagulation therapy. Additionally, the Official Disability Guidelines indicate that compression garments are recommended for the prevention of deep venous thrombosis. The request as submitted failed to indicate the duration and whether the unit was for rental or purchase. This request would not be supported. Given the above, the request for postoperative DVT unit is not medically necessary.