

Case Number:	CM14-0090587		
Date Assigned:	07/25/2014	Date of Injury:	07/21/1992
Decision Date:	09/22/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/16/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 49-year-old male who was injured back in the year 1992. He was seen by [REDACTED] on December 18, 2013 following myelogram and CT scan. Recommendation was made for pseudoarthrosis repair. The patient was seen on February 3, 2014. He had a history of lumbar spine disease, history of myocarditis, history of hypertension, history of hypercholesterolemia and a history of depression. He has had seven prior lumbar surgeries. The defibrillator was placed in 2010 and he had to carpal tunnel releases. There was no mention of this need for postoperative durable medical equipment. The patient was diagnosed with L4-five and L3-four pseudoarthrosis. There again was no mention of the need for this DME.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inter Limb Compression Device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Decompression devices.

Decision rationale: The ODG notes in regards for compressive devices for deep venous thrombosis prevention: Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. A systematic review looked at 5 types of interventions used to prevent thromboembolism in pelvic and acetabular fracture patients: mechanical compression devices, inferior vena cava filters, low-molecular weight heparins, ultrasound screening, and magnetic resonance venography screening. They concluded that there was limited data to guide which method to choose. (Slobogean, 2009) Using data from the prospective Million Women Study in the UK, new research suggests that the risk of venous thromboembolism (VTE) after surgery is greater and lasts for longer than has previously been appreciated. This patient lacks significant risk factors for deep venous thrombosis, such that I would not agree with the compression rental following the surgery. The device is not noted in the surgical care plans, and the intent for it is not clear. The request is not medically necessary.