

Case Number:	CM14-0096409		
Date Assigned:	09/22/2014	Date of Injury:	03/28/2013
Decision Date:	10/23/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/24/2014

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 Physical Medicine and Rehabilitation 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 patient is a 45-year-old male who sustained a work related injury on March 28, 2013, injuring his right elbow and lower back. Prior treatment history has included 38 sessions of physical therapy. The patient underwent right hip arthroscopy with anterior labral repair and osteoplasty of the femoral neck acetabulum, right hip arthroplasty with labral debridement and chondroplasty of the acetabulum and extensive synovectomy on April 09, 2014. Pre-operative note dated April 08, 2014 states the patient presented with complaints of right hip pain. On exam, there were no significant findings documented. He has a diagnosis of chronic right hip pain. He was recommended for deep vein thrombosis (DVT) contrast compression unit with cuffs and a cold pad. Prior utilization review dated May 28, 2014 by [REDACTED] states the request for DVT contrast compression unit with cuffs and cold pad for 30-days is not certified, as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Contrast Compression Unit (with cuffs and cold pad for 30-days): 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) Treatment in Workers Compensation, Knee and Leg Procedure Summary (03/31/2014)

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 Procedure Summary, and on the Non-MTUS Stritch School of Medicine (<http://www.stritch.luc.edu/lumen/MedEd/Radio/curriculum/Medicine/DVT1.htm>)

Decision rationale: Guidelines state that prophylactic measures such as anticoagulation therapy is recommended for subjects at high risk of venous thrombosis. Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. The patient underwent right hip arthroscopy with anterior labral repair and osteoplasty of the femoral neck acetabulum, right hip arthroplasty with labral debridement and chondroplasty of the acetabulum and extensive synovectomy on April 09, 2014. Therefore, anticoagulation therapy is indicated. However, the requested DVT contrast compression unit with cuffs and cold pad has not been shown to be better than the usual oral prophylaxis/ASA and/or compression garments such as stocking. The medical necessity is not established for this request.