

<b>Case Number:</b>	CM15-0118811		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	06/29/2004
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Pennsylvania, Ohio, California  
 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 65 year old female, who sustained an industrial injury on 6/29/04. Initial symptoms experienced by the injured worker were not included. The injured worker was diagnosed as having sprain/strain right knee, sprain/strain right elbow, sprain/strain right wrist, sprain/strain right arm, numbness right arm and sprain/strain lumbar. Treatment to date has included medications, physical therapy, epidural injection, MRI, surgery and home exercise program. Currently, the injured worker complains of improved level of pain and mobility. The injured worker has a well-documented history of low back pain that radiated to her right hip, thigh, knee, ankle and foot. The pain was described as dull and rated 3-7/10. Notes dating back to 5/5/14 document her continued pain, decreased range of motion and tender on physical examination. The injured worker was diagnosed with lumbar spine radiculopathy, spinal stenosis and spinal instability. She underwent a laminectomy with spinal fusion and has experienced improved range of motion and decreased pain from surgical intervention, home exercise program and physical therapy and medication. A request for one day rental of left and right DVT calf cuff and one day DVT compression rental unit is being sought to prevent blood clots post operatively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 day rental of left and right DVT calf cuff: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Compression garments.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee - Venous Thromboembolism.

**Decision rationale:** ODG recommends using techniques for venous thrombosis prophylaxis in patients who are at high risk for a DVT. An initial physician review states that routine use of compression garments is not indicated. However, the request is not for compression garments to wear but rather this is a request for DVT compression pumps and a corresponding compression unit for 1 day to begin on the date of lumbar decompression surgery. The requested treatment is clearly supported by the guidelines as a fundamental standard of care. The request is medically necessary.

**1 day DVT compression rental unit: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Compression garments.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee - Venous Thromboembolism.

**Decision rationale:** ODG recommends using techniques for venous thrombosis prophylaxis in patients who are at high risk for a DVT. An initial physician review states that routine use of compression garments is not indicated. However, the request is not for compression garments to wear but rather this is a request for DVT compression pumps and a corresponding compression unit for 1 day to begin on the date of lumbar decompression surgery. The requested treatment is clearly supported by the guidelines as a fundamental standard of care. The request is medically necessary.