

Case Number:	CM15-0124568		
Date Assigned:	07/09/2015	Date of Injury:	08/01/2013
Decision Date:	08/05/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 40 year old female who sustained an industrial injury on 8/1/13. The mechanism of injury is unclear. She currently complains of low back pain with left lower extremity symptoms. Her pain level is 7/10. On physical exam of the lumbar spine there was decreased range of motion and positive straight leg raise bilaterally. Medications are hydrocodone, cyclobenzaprine, Tramadol, naproxen. Diagnoses include protrusion L5-S1 with left S1 neural encroachment; left L5-S1 radiculopathy secondary to S1 neural encroachment, status post L5-S1 lumbar free laminotomy with partial facetectomy, lateral decompression and S1 foraminotomy (3/9/15). Treatments to date include medications; physical therapy. On 6/25/15 Utilization review evaluated requests for retrospective pneumatic compressor, segmental, full arm, purchase with date of service 3/9/15; retrospective pneumatic compressor device, high pressure, 30 day rental, with date of service 3/9/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Pneumatic Compressor, segmental, full arm, purchase, DOS 3-9-15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/500_599/0500.html.

Decision rationale: Pursuant to the Aetna Clinical Policy Bulletin intermittent pneumatic compression devices, retrospective pneumatic compression, segmental, full arm purchase, date of service March 9, 2015 is not medically necessary. Aetna considers treatment of the following medical problems medically necessary: venous stasis ulcers have failed to heal after a six-month trial of conservative therapy. A segmented device with manual control is considered medically necessary only when there is documentation the individual has unique characteristics that prevent satisfactory pneumatic compression treatment using a non-segment device with a segmented appliance/sleeve or segmented device without manual control of the pressure in each chamber. Aetna considers intermittent pneumatic compression devices of the lower extremity medically necessary DME to stimulate circulation and reduce the chances of deep vein thrombosis for members who are unable to walk, bedridden, orthopedic surgery, neurosurgery or other circumstances preventing ambulation. Aetna considers intermittent pneumatic compression experimental and investigational for the treatment of peripheral arterial occlusive disease, rehabilitation for distal radial fractures, treatment of sensory impairment upper extremities following stroke, upper extremity vascular ulcers, etc. See the attached link. In this case, the injured worker's working diagnoses are protrusion at L5 - S1 with left S1 neural encroachment; mild spondylosis L5 - S1; and lumbar radiculopathy. The date of injury is August 1, 2013. The request for authorization is dated June 12, 2015. There is no progress note dated March 9, 2015. The surgery was performed on March 9, 2015. There is no clinical indication for discussion or request for pneumatic compression segmental, full arm purchase or pneumatic compression high-pressure 30 day rental documented in the medical record. There are no risk factors for deep vein thrombophlebitis in the medical record. The injured worker is 5'1" and weighs 101 pounds. There were no complications encountered during the procedure. There is no clinical indication or rationale documented in the medical record. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective pneumatic compression, segmental, full arm purchase, date of service March 9, 2015 is not medically necessary.

Retrospective Pneumatic Compressor Device, high pressure, 30 day rental, DOS 3-9-15:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/500_599/0500.html.

Decision rationale: Pursuant to the Aetna clinical policy bulletin intermittent pneumatic compression devices, retrospective pneumatic compressor device, high pressure, 30 day rental, date of service March 9, 2015 is not medically necessary. Aetna considers treatment of the following medical problems medically necessary: venous stasis ulcers have failed to heal after a six-month trial of conservative therapy. A segmented device with manual control is considered medically necessary only when there is documentation the individual has unique characteristics that prevent satisfactory pneumatic compression treatment using a non-segment device with a segmented appliance/sleeve or segmented device without manual control of the pressure in each chamber. Aetna considers intermittent pneumatic compression devices of the lower extremity

medically necessary DME to stimulate circulation and reduce the chances of deep vein thrombosis for members who are unable to walk, bedridden, orthopedic surgery, neurosurgery or other circumstances preventing ambulation. Aetna considers intermittent pneumatic compression experimental and investigational for the treatment of peripheral arterial occlusive disease, rehabilitation for distal radial fractures, treatment of sensory impairment upper extremities following stroke, upper extremity vascular ulcers, etc. See the attached link. In this case, the injured worker's working diagnoses are protrusion at L5 - S1 with left S1 neural encroachment; mild spondylosis L5 - S1; and lumbar radiculopathy. The date of injury is August 1, 2013. The request for authorization is dated June 12, 2015. There is no progress note dated March 9, 2015. The surgery was performed on March 9, 2015. There is no clinical indication for discussion or request for pneumatic compression segmental, full arm purchase or pneumatic compression high-pressure 30 day rental documented in the medical record. There are no risk factors for deep vein thrombophlebitis in the medical record. The injured worker is 5'1" and weighs 101 pounds. There were no complications encountered during the procedure. There is no clinical indication or rationale documented in the medical record. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective pneumatic compressor device, high pressure, 30 day rental, date of service March 9, 2015 is not medically necessary.