

Case Number:	CM15-0026459		
Date Assigned:	02/18/2015	Date of Injury:	10/02/2013
Decision Date:	04/02/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58 year old female, who sustained an industrial injury on 10/02/2013 from a fall. On progress note dated 01/12/2015 the injured worker has reported back pain and nausea. The diagnoses have included contusion face/scalp/neck/gum and sprain neck and lumbar region. Treatment to date has included physical therapy, medication, MRI. The injured worker underwent an elective L5-S1 discectomy on 01/12/2015. On 01/13/2015 Utilization Review non-certified intermittent limb compression device and trunk segmental pneumatic appliance, The ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent limb compression device: 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 Index, Knee and Leg Chapter, Venous Thrombosis.

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-Venous thrombosis.

Decision rationale: Intermittent limb compression device is not medically necessary per the ODG. The MTUS does not address this issue. The ODG recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis. The relative risk for venous thrombosis is 3-fold greater following minor injury, especially if injury occurs in the 4 weeks prior to thrombosis, is located in the leg, and involves multiple injuries or rupture of muscle or ligament. Risk for venous thrombosis is higher in those with leg injury combined with family history of venous thrombosis (12-fold risk), Factor V Leiden mutation (50-fold risk), or Factor II 20210A mutation (9-fold risk). The documentation does not indicate high risk factors for developing venous thrombosis in this patient therefore this request is not medically necessary.

Trunk segmental pneumatic appliance: 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 Index, Knee and Leg Chapter, Venous Thrombosis.

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-Vasopneumatic devices (wound healing).

Decision rationale: Trunk segmental pneumatic appliance is not medically necessary per the ODG. The MTUS does not address this issue. The ODG states that vasopneumatic devices (wound healing) are recommended as an option to reduce edema after acute injury. The documentation does not reveal edema from an acute injury. Pneumatic devices can be used for lymphedema. The ODG states that lymphedema pumps are only recommended in patients with limb lymphedema after 4 weeks of conservative treatment. The documentation does not reveal lymphedema or evidence of an acute injury. The documentation does not support the need for a trunk segmental pneumatic appliance therefore this request is not medically necessary.