

<b>Case Number:</b>	CM15-0077879		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	01/10/2011
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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

Certification(s)/Specialty: Orthopedic Surgery

### 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 59 year old male who sustained an industrial injury on 01/10/2011. Current diagnoses include exacerbation of lumbar pain with radiculopathy, history of lumbar surgery, chronic cervical pain, cervical radiculopathy, exacerbated left knee pain, history of left hip replacement with residual pain, bilateral carpal tunnel surgery with residuals, history of left upper extremity thrombosis, and depression and anxiety. Previous treatments included medication management, left knee injections, wrist injection, back surgery, wrist surgery, and left hip replacement. Report dated 03/09/2015 noted that the injured worker presented with complaints that included low back pain, lower extremity symptoms as well as neck, left knee, and left hip. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included providing the injured worker with medications. Disputed treatments include retrospective (11/13/2013) post-op compression band for left hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective post-op compression band for left hip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, knee and leg section, venous thrombosis.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of venous duplex. According to the ODG, knee and leg section, venous thrombosis, Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In this case the exam notes from 3/9/15 do not justify objective evidence to support post-op compression band for the left hip. Therefore the determination is for non-certification. Therefore is not medically necessary.