

Case Number:	CM14-0173467		
Date Assigned:	10/24/2014	Date of Injury:	01/21/2013
Decision Date:	11/25/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/21/2014

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 Emergency Medicine, 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 injured worker is a 43 year-old male, who sustained an injury on January 21, 2013. The mechanism of injury occurred from lifting. Pertinent diagnostics were not noted. Treatments have included: August 28, 2014 laminotomy/discectomy/fusion, 2013 right shoulder surgery, physical therapy, medications. The current diagnoses are: lumbosacral disc herniations with bilateral foraminal stenosis, s/p fusion/ laminotomy/discectomy. The stated purpose of the request for DME VascuTherm 4 system/Garment was to provide deep vein thrombosis prevention. The request for DME VascuTherm 4 system/Garment was denied on October 7, 2014, citing a lack of documentation of conditions neither predisposing to increased risk of deep vein thrombosis nor bleeding risk. Per the report dated September 15, 2014, the treating physician noted complaints of low back pain and right shoulder pain s/p surgery. Exam findings included lumbar flexion at 5 degrees, extension reduced due to pain, ambulates with a walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME VacuTherm 4 system/Garment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 161. Decision based on Non-MTUS Citation Official Disability Guidelines(Chapter on knee and leg)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee (Leg (Acute & Chronic), Venous Thrombosis

Decision rationale: The requested DME VascuTherm 4 system/Garment is not medically necessary. CA MTUS is silent, ODG, Knee and Leg (Acute & Chronic), Venous Thrombosis, noted in regards to venous thrombosis prevention, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." The injured worker has low back pain and right shoulder pain s/p surgery. The treating physician has documented lumbar flexion at 5 degrees, extension reduced due to pain, ambulates with a walker. The treating physician has not documented increased thrombosis or bleeding risk factors or that the injured worker will be non-ambulatory for an extended period of time. The criteria noted above not having been met, DME VascuTherm 4 system/Garment is not medically necessary.