

Case Number:	CM14-0001334		
Date Assigned:	01/17/2014	Date of Injury:	04/04/2008
Decision Date:	06/06/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/31/2013

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:

Patient with reported date of injury on April 4, 2008. Mechanism of injury was not provided. Patient has a diagnosis of R thoracic outlet syndrome, lumbar radiculopathy, Lumbar disc herniation of L4-5 and L5-S1, the patient had reported R thoracic outlet syndrome which a R brachial plexus decompression surgery was performed or will be performed at [REDACTED] (date is not known). Multiple medical records from primary treating physician and consults reviewed. Last report available until November 14, 2013. Unfortunately several other hand written reports provided were not legible due to issue with handwriting and from poor scans. Patient complains of severe neck pain that radiates to R hand with some weakness and numbness. Pain worsens after keeping arm up for 10minutes. The patient also complains of right sided headaches and blurred vision. Objective exam reveals 4/5 strength of R hand muscles. There is also 4/5 strength of right lower extremity muscles. There is sensory loss in R hand and R foot. Deep tendon reflexes are symmetric. R cervical neck and R trapezius with muscle spasms. Positive Tinel in R brachial plexus, Adson and Roos test were positive. Weakness associated with R arm raises. Positive Tinel of right elbow and right gluteal area. MRI on March 3, 2012 reportedly revealed cervical spine fusion of C5-6. US of bilateral brachial plexus shows severe fibrosis or scalenus anterior muscles of R side compressing brachial plexus. There is decreased blood flow in right subclavian artery with elevation of R arm. Patient has reportedly completed physical therapy, aqua therapy and acupuncture with minimal improvement. Utilization review is for 30-day use of DVT Vascutherm unit with precision medical at facility of silver lake medical center(inpatient 1 day). Prior UR on December 13, 2013 modified certification to a 7-day use continuous flow cryotherapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAYS USE DVT VASCUTHERM UNIT WITH PRECISION MEDICAL AT FACILITY OF [REDACTED] (INPATIENT 1 DAY): 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 Official Disability Guidelines (ODG), Shoulder Chapter, Venous Thrombosis Section.

Decision rationale: There are no specific sections in the MTUS Chronic pain, post surgical treatment or ACOEM guidelines that is related to this topic. Vascutherm is a specific device that has compression function for venous thrombosis prophylaxis and a hot/cold therapy function. The Official Disability Guide(ODG) recommend post-operative monitoring for venous thrombosis and may consider prophylaxis if patient is high risk. However, upper extremity surgery especially arthroscopic surgery that pt is suppose to get is low risk for upper extremity venous thrombosis. There is also no documentation to support if patient has any other medical problems that predispose the patient to high risk to develop venous thrombosis. While the continuous cryotherapy function may beneficial post-operatively, the venous thrombosis function is not medically necessary. The request for 30 days use DVT vascutherm unit with precision medical at facility of silver lake medical center (inpatient one day) is not medically necessary or appropriate.