

Case Number:	CM14-0104733		
Date Assigned:	07/30/2014	Date of Injury:	01/18/2010
Decision Date:	09/09/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas and Oklahoma. 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 61-year-old who reported a fall on January 18, 2010. On May 27, 2014 his diagnoses included lumbar spine pain with bilateral sciatic pain, lumbar disc degeneration at L3-4, L4-5 and L5-S1, status post right knee partial medial meniscectomy and chondroplasty of the patellofemoral joint, and compensatory left knee pain. On June 5, 2014, 80% of his disability of the lumbar spine, right knee and right ankle were apportioned to his rheumatoid arthritis. The notes stated that the symptoms this injured worker was suffering were a natural progression of his longstanding rheumatoid arthritis. His rheumatoid arthritis was affecting his hands, wrists, knees and feet. The treating physician stated that this injured worker had surgery on the right knee, but continues to have problems. He stated that further surgery would not improve his condition due to the underlying rheumatoid arthritis. (Another physician had told this injured worker that he would probably need another surgery to the right knee). The plan stated that this injured worker would require lifelong future medical care on a nonindustrial basis for his rheumatoid arthritis. He had an unknown surgery to his right knee in March of 2013 and he stated that it helped a little bit. He was receiving physical therapy had acupuncture of unknown duration in the past. There was no rationale or Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intraoperative Spinal Cord Monitoring: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back; Lumbar & Thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Intraoperative neurophysiological monitoring (during surgery).

Decision rationale: The Official Disability Guidelines recommend intraoperative neurophysiological monitoring during spinal or intracranial surgeries when said procedures have a risk of significant complications that can be detected and prevented through the use of neurophysiological monitoring. There is no indication in the documentation submitted that this injured worker had or was planning on having a spinal or intracranial surgery. Additionally, the type of intraoperative monitoring was not specified. The clinical information submitted fails to meet the evidence based guidelines for intraoperative spinal cord monitoring. Therefore, this request for intraoperative spinal cord monitoring is not medically necessary or appropriate.

Deep Vein Thrombosis Max Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee & Leg; 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 & Leg, Venous thrombosis and Compression garments.

Decision rationale: The Official Disability Guidelines recommend identifying subjects who are at high risk for developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Risk factors for venous thrombosis include immobility and surgery. Although compression may be recommended, little is known about how much compression, for how long and at what level it should be applied. For low levels of compression, that is 10 to 30 mmHg, stockings, are effective in the prevention of edema and deep vein thrombosis. There is no rationale or justification for using an expensive system when compression stockings will adequately provide the necessary compression. Additionally, there is no indication that this worker had any type of surgery or is at risk for any type of venous thrombosis. Therefore, this request for deep vein thrombosis max unit is not medically necessary or appropriate.