

<b>Case Number:</b>	CM14-0104988		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 31 years old female with an injury date on 09/16/2013. Based on the 05/12/2014 progress report provided by [REDACTED], the diagnoses are, right ankle pain, longitudinal split tear peroneus brevis tendon, right ankle and a tear ATFL right ankle. According to this report, the patient complains of pain and throbbing in the right ankle. The patient is using a crutch to prevent an increase of pain to the right ankle. The patient is "having difficulty ambulating due to being 37 weeks pregnant." Physical exam were not provided in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 06/25/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/13/2014 to 05/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multi Stim Unit w/ supplies, 3 months:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

**Decision rationale:** According to the 05/12/2014 report by [REDACTED] this patient presents with and throbbing in the right ankle. The physician is requesting Multi stimulator unit with 3 months supplies but the treating physician's report containing the request is not included in the file. The most recent progress report is dated 04/30/2014 and the utilization review letter in question is from 06//25/2014. Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." Review of the medical records from 01/13/2014 to 05/12/2014 shows no indication that the patient has trialed a one-month rental to determine whether or not a TENS unit will be beneficial. Therefore the request is not medically necessary.

**V-pulse unit, purchase:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation DVT prophylaxis for arthroscopic knee surgery.

**Decision rationale:** According to the 05/12/2014 report by [REDACTED] this patient presents with and throbbing in the right ankle. The physician is requesting V-pulse unit purchase but the treating physician's report containing the request is not included in the file. The most recent progress report is dated 04/30/2014 and the utilization review letter in question is from 06//25/2014. The utilization review denial letter states "There does not appear to any history of prior DVT. The request for V-pulse is not medically necessary." The MTUS and ACOEM Guidelines do not address DVT Prophylaxis unit; however, ODG Guidelines do address DVT Prophylaxis unit. ODG state "Current evidence suggests it is needed for inpatients undergoing many orthopedic-, general-, and cancer-surgery procedures and should be given for at least seven to 10 days. In addition, prolonged prophylaxis for four to five weeks also shows a net clinical benefit in high-risk patients and procedures." Review of the reports show no discussion of the patient is a high risk patient of DVT or the patient is undergoing a high risk procedure to be warranted purchase of the unit. The physician does not mention why the patient needed to purchase the unit. In this case, the requested V-pulse unit is not in accordance with the guidelines. Therefore the request is not medically necessary.