MAXIMUS Federal Services

Case Number:	CM14-0105949		
Date Assigned:	07/30/2014	Date of Injury:	08/27/2012
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/09/2014

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 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 55-year-old female with a reported date of injury on 09/10/2013. The mechanism of injury was a fall. The diagnoses included a history of paracervical fusion at C5-6, multiple thoracic herniated nucleus pulposus, cervical radiculopathy at C6-7 level. Prior treatments included physical therapy, acupuncture, and cervical epidural steroid injection. The diagnostic studies included x-rays of the cervical, thoracic, and lumbar spines on 09/27/2012, an EMG/NCV of the upper extremities on 06/20/2013, MRI of the lumbar spine performed on 05/02/2013, a CT of the cervical spine performed on 05/02/2013, an MRI of the cervical spine performed on 02/05/2014, an MRI of the thoracic spine performed on 02/05/2014. Surgical history included a left elbow and wrist surgery and an anterior cervical fusion. The clinical note dated 03/10/2014 noted the injured worker reported continuation of severe pain across her neck which was significantly debilitating. The provider noted the most recent MRI studies were reviewed and the thoracic studies showed multiple levels of disc protrusions which were worrisome. The provider indicated he felt the injured worker's symptoms were of a C7 radiculopathy. The MRI of the cervical spine revealed a disc protrusion at C6-7 with mild impression upon the thecal sac and there was evidence of mild bilateral neural foraminal involvement with a possible bilateral radicular impingement. The provider indicated the injured worker was unable to live with the pain and recommended an anterior cervical discectomy and fusion at C6-7. The provider indicated the injured worker had symptoms of cervical radiculopathy and had failed conservative management. The injured worker's medication regimen was not indicated within the provided medical records. The physician's treatment plan included recommendations for an anterior cervical discectomy and fusion at the C6-7 level. The provider's rationale for the request as well as the Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy/Dvt Compression Device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities 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, Cold compression therapy & Continuous flow cryotherapy.

Decision rationale: The request for cold therapy/DVT compression device is non-certified. The Official Disability Guidelines state deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following upper extremity surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. Per the provided documentation the physician recommended the injured worker undergo an anterior cervical discectomy and fusion at C6-7. However, there is no indication that the surgical intervention is approved and is scheduled within the near future. The requesting physician's rationale for the request is not indicated within the provided documentation. The guidelines recommend the use of continous flow cryotherapy for 7 days postoperatively, but not for non-surgical treatment. The submitted request did not indicate the number of the days the unit was being requested for. As such, the request for a cold therapy/DVT compression device is neither medically necessary nor appropriate.