

Case Number:	CM14-0018339		
Date Assigned:	02/26/2014	Date of Injury:	06/10/2013
Decision Date:	12/23/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/13/2014

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:

Patient with reported date of injury on 6/10/2013. Mechanism of injury is described as occurring while packing sugar. Patient has a diagnosis of spinal stenosis, cervical sprain, R wrist pain and bilateral hand strain. Medical reports reviewed. Patient is post anterior cervical decompression and fusion C5-6 and C6-7. Date of surgery is documented as 1/15/14. Pre-operative notes mention that patient has a history of diabetes. Last progress note dated 1/7/14 is preoperative. Was reportedly on Tylenol #3, Anaprox, topical creams and medications for his diabetes. There is no post-operative progress notes provided for review. There is no documentation as to why DVT prevention unit was requested for a 30day rental. MRI of cervical spine (11/11/13) revealed straightening of cervical spine, diffuse disc desiccation of disc, disc protrusions, osteoarthritis and central canal stenosis. Stenosis is most prominent in C5-6 and C6-7. Patient has received extensive physical therapy, acupuncture, spinting, cortisone injection and medications. Independent Medical Review is for Q-tech DVT prevention unit. Prior UR on 1/28/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-tech DVT prevention unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Knee>, <Venous thrombosis>

Decision rationale: Review of request and prior URs state that this request is for a 30day rental. MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, risk for venous thrombosis prophylaxis should be assessed and prophylaxis should be initiated if high risk. Intermittent limb compression device decreases risk for DVTs but no pulmonary embolisms. There is no documentation if patient was placed on aspirin or any other anticoagulants. Patient's at risk should get up to 7-10 days of prophylaxis and those undergoing major surgery may be considered for up to 28days or longer. Since the provider has failed to provide any rationale for request or any documentation to support 30days of prophylaxis or to properly document risk assessment for DVT, the request for Q-tech DVT prevention device rental for 30days is not medically necessary.