

Case Number:	CM14-0019627		
Date Assigned:	04/30/2014	Date of Injury:	05/30/2012
Decision Date:	07/08/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/14/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 44-year-old male who had a work injury dated 5/30/12. His diagnoses include right ring finger swan neck deformity, cervical chronic severe spinal stenosis with degenerative disc, degenerative joint disease and osteophyte disc complex at C4-5, C5-6, and C6-7, anxiety/depression, severe; insomnia, sexual dysfunction, high white blood cell count, etiology unknown, bilateral patellar tendonitis and chondromalacia patella, lumbar degenerative disc, disease and degenerative joint disease, rule out herniated nucleus pulposus, possible right liver mass in the right upper lobe, chronic back pain, bilateral knee posttraumatic arthrosis, status post right carpal tunnel release. A right carpal release was done on 12/13/13. A medical report for this date of service has not been provided however per prior review, the patient has had a carpal tunnel release. There is a request was for postoperative use of a cold therapy unit, and a DVT prophylaxis unit. There is a 3/11/14 comprehensive orthopedic evaluation that states that patient had a new cervical MRI on 2/7/14 with 4 levels of abnormalities at C4-5, C5-6, C6-7, and C7-T1. He has 4- to 5-mm disc herniations at C4-5, C5-6, and C6-7 with nerve root impingement and collapse, as well as osteophyte formation posteriorly and a 2- to 3- mm bulge at C7-T1, but with nerve root impingement. He has had an increase in his pain but he is afraid of neck surgery. He was notified that he cannot go back to his job if his neck is fused. His right wrist has still mild pain and he still has numbness and tingling of his fingers, especially on the right. The patient also is having mild low back pain and moderate bilaterally knee pain. He takes Norco. On physical exam, the patient is in pain. The patient's neck has restricted range of motion to about 50% of normal. He has tenderness, trigger point, and spasm. His reflexes are 1+ in the biceps, triceps, and brachioradialis. His RUE Jamar is weak. On treatment plan the patient is to continue

his medications and a substitute of Percocet for Norco. The provider is recommending a consult again with the cervical spine surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY RECOVERY SYSTEM WITH WRAP- RENTAL FOR 35 DAYS:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Release- Continuous Cold Therapy (CCT).

Decision rationale: Cold Therapy Recovery System with wrap Rental x 35 Days is not medically necessary per the ODG guidelines. The MTUS does not address this issue. The ODG states that continuous cold therapy is an option only in the postoperative setting with regular assessment to avoid frostbite. The postoperative use generally should be no more than 7 days, including home use. There is no documentation why patient cannot use an at home ice pack. The request for cold therapy recovery system with wrap rental for 35 days exceeds this request and is not medically necessary.

DVT PREVENTION SYSTEM- RENTAL FOR 35 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder- Venous Thrombosis; Carpal Tunnel Release Was Reviewed But No Section Was Applicable.

Decision rationale: DVT Prevention System Rental x 35 days is not medically necessary per ODG guidelines. The MTUS guidelines do not specifically address a DVT Prevention system. The ODG carpal tunnel and hand section do not discuss DVT prevention. The ODG shoulder section recommends monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In the shoulder, risk is lower than in the knee. There is no documentation that patient has any conditions that warrant post op DVT prophylaxis such as those referred to in the Executive Summary: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines - Chest. 2012;141(2_suppl):7S-47S. doi:10.1378/chest.1412S3. Furthermore the guidelines do not discuss using DVT prophylaxis after carpal tunnel release. The request for a DVT prevention system x 35 days is not medically necessary.

