

Case Number:	CM14-0122923		
Date Assigned:	08/08/2014	Date of Injury:	11/21/2007
Decision Date:	10/01/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/04/2014

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 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:

The injured worker is a 49-year-old female with a reported date of injury on 11/21/2007. The mechanism of injury was due to a fall. Her diagnoses were noted to include recurrent neck pain and associated headaches with cervical radiculopathy to the right upper extremity with evidence of 4 mm disc protrusion at C3-4 and 2 mm disc protrusion at C5-6 and C6-7, left occipital neuralgia with history of greater occipital nerve block, cervicogenic headaches, right shoulder pain status post arthroscopic surgery, lumbar spine sprain/strain with 2 mm far lateral intraforaminal disc protrusion at L3-4, 2 mm to 3 mm far lateral intraforaminal disc protrusion at L4-5, and 3 mm to 4mm central disc protrusion at L5-S1 with annular tear and disc material contacting the S1 nerve roots bilaterally, right lower extremity radicular symptoms, recurrent persistent De Quervain's disease to the right wrist. Her previous treatments were noted to include surgery, injections, cervical epidural injections, trigger point injections, occipital nerve blocks, lumbar epidural injections, surgery and medications. The progress note dated 06/18/2014, revealed complaints of pain to the right lower extremity that had returned to a baseline as of a week ago after receiving a transforaminal epidural steroid injection. The injured worker indicated the trigger point injection she received at her last visit was beneficial by reducing the symptoms by 50%. The injured worker complained of recurrent right sided low back and right lower extremity pain. The physical exam of the cervical spine revealed 1+ palpation muscle spasm along the left cervical paraspinal muscles and a positive twitch response. The cervical spine had a decreased range of motion and there was tenderness over the base of the thumb to the upper extremity. The muscle strength testing was rated 4/5 to the left biceps. There was hypesthesia in the left C5 and C6 dermatomes. The examination of the lumbar spine revealed mild to moderate lumbar paraspinal tenderness from L3-S1 with mild spasms. The lumbar spine range of motion was noted to be diminished and a positive straight leg

raise on the right lower extremity. The muscle strength testing was noted to be rated 4/5 to 5/5 to the right anterior tibialis and hypesthesia to the right L5 greater than S1 greater than L4 dermatomes. The Request for Authorization form was not submitted within the medical records. The request was for deep vein thrombosis calf cuff for purchase. However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep Vein Thrombosis Calf Cuff, for 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) Ankle & Foot (updated 03/26/14) Venous ThrombosisKnee & Leg (updated 06/05/14) Compression Garments

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Venous Thrombosis.

Decision rationale: The request for deep vein thrombosis calf cuff, for purchase is not medically necessary. The injured worker complained of neck pain and associated headaches and a recurrent persistent De Quervain's disease to the right wrist. The Official Disability Guidelines recommend identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis. A venous thrombosis is a blood clot that forms within a vein. Deep venous thromboses form in the deep veins of the legs, and if a piece of a blood clot formed in a vein breaks off it can be transported to the right side of the heart, and from there into the lungs, and is called an embolism, and this process called a venothromboembolism. Prophylaxis for preventing deep vein thrombosis and pulmonary embolism has been receiving increased attention in the recent years. There is a lack of documentation regarding the injured worker at high risk for deep vein thrombosis. The documentation provided indicated that the injured worker was recommended for De Quervain's release surgery. However, there is lack of documentation regarding the surgery being approved or the injured worker being at high risk for deep vein thrombosis to warrant a deep vein thrombosis calf cuff for purchase. Therefore, the request is not medically necessary.