MAXIMUS Federal Services

Case Number:	CM14-0131927		
Date Assigned:	08/22/2014	Date of Injury:	07/12/2007
Decision Date:	09/24/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 63-year-old female with a 7/12/07 date of injury, when she injured her cervical spine and both upper extremities due to cumulative trauma at work. The patient was seen on 7/11/14 with complaints of 10/10 continued excruciating pain in the neck and back, radiating in the upper and lower extremities with numbness and tingling. The patient also complained of bilateral knee pain. Exam findings revealed positive crepitus, positive medial and lateral joint line tenderness and patellar facet tenderness in the left knee. The examination of the right knee revealed intact sutures, intact neurovascular exam and slightly decreased range of motion with flexion and extension. The note stated that the patient was scheduled for the neck surgery on 7/16/14. The diagnosis is bilateral knee arthritis, right shoulder tendinitis, bilateral cubital carpal tunnel, depression, degenerative lumbar disc disease and status post neck surgery. Treatment to date: carpal tunnel release (2007), right shoulder surgery (2010), right knee surgery (2012), right thumb surgery (2012), cervical spine surgery (7/16/14), acupuncture, physical therapy, lumbar epidural injections and medications.An adverse determination was received on 07/23/14. The request for VascuTherm 4 system quantity 4 with VascuTherm cervical garment was denied due to a lack of documentation indicating that the patient had DVT (deep vein thrombosis) risk factors and that she will not be ambulatory during the post operative time period. The request for rigid cervical collar and soft cervical collar was denied due to a lack of documentation regarding specific cervical procedure or levels of the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

VascuTherm 4 system (weeks) qty 4 and with VascuTherm cervical garment qty 1: 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), Integrated Treatment/Disability Duration Guideline, Knee & Leg (acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Knee and Leg Chapter).

Decision rationale: CA MTUS does not address this issue. ODG states that 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. However, ODG states that while there are studies on continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. There is no rationale identifying why a cryotherapy unit would be insufficient. There are no established risk factors for DVT. Therefore, the request for the VascuTherm 4 system (weeks) qty 4 and with VascuTherm cervical garment qty 1 was not medically necessary.

Rigid cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation, 2012 (web), Wok Loss Data Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Neck and Upper Back Chapter).

Decision rationale: MTUS does not specifically address this issue. ODG does not recommend cervical collars for neck sprains, but may be appropriate where post-operative and fracture indications exist. Cervical collars are not recommended after single-level anterior cervical fusion with plate. The use of a cervical brace does not improve the fusion rate or the clinical outcomes of patients undergoing single-level anterior cervical fusion with plating. Plates limit motion between the graft and the vertebra in anterior cervical fusion. Still, the use of cervical collars after instrumented anterior cervical fusion is widely practiced. The progress note stated that the patient underwent cervical surgery on 7/18/14, however there is a lack of documentation indicating what cervical levels were involved. Therefore, the request for rigid cervical collar was not medically necessary.

Soft cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation, 2012 (web), Wok Loss Data Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Neck and Upper Back Chapter).

Decision rationale: MTUS does not specifically address this issue. ODG does not recommend cervical collars for neck sprains, but may be appropriate where post-operative and fracture indications exist. Cervical collars are not recommended after single-level anterior cervical fusion with plate. The use of a cervical brace does not improve the fusion rate or the clinical outcomes of patients undergoing single-level anterior cervical fusion with plating. Plates limit motion between the graft and the vertebra in anterior cervical fusion. Still, the use of cervical collars after instrumented anterior cervical fusion is widely practiced. The progress note stated that the patient underwent cervical surgery on 7/18/14, however there is a lack of documentation indicating what cervical levels were involved. Therefore, the request for soft cervical collar was not medically necessary.