

Case Number:	CM14-0156410		
Date Assigned:	09/25/2014	Date of Injury:	03/16/2011
Decision Date:	10/29/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/24/2014

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 Illinois. 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 53-year-old female who reported an injury on 03/16/2011. The mechanism of injury involved a fall. Previous conservative treatment includes physical therapy, chiropractic treatment, acupuncture, epidural steroid injections, and medications. The current diagnoses include cervical degenerative disc disease, C5-6 disc protrusion, cord compression, myelopathy, and right arm radiculopathy. The injured worker was evaluated on 08/29/2014 with complaints of persistent neck pain with radiation into the left upper extremity. Physical examination revealed significant distress, left upper extremity weakness, diminished left biceps reflex, and decreased sensation along the thumb, index, and middle fingers, hyperflexia in the upper and lower extremities, and mild ataxia. Treatment recommendations at that time included a C3-7 cervical laminoplasty with instrumentation. A VascuTherm compression DVT prophylaxis unit was also requested at that time. A Request for Authorization form was then submitted on 09/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm compression DVT prophylaxis unit, 30 days rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (updated 08/04/2014), Continuous-flow cryotherapy and Shoulder (updated 08/27/2014), Venous thrombosis

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

Decision rationale: The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. As per the documentation submitted, there was no indication that this injured worker was at high risk for developing a venous thrombosis. There was no mention of a contraindication to oral anticoagulation therapy as opposed to a motorized unit. As the medical necessity has not been established, the request is not medically appropriate.

Vascutherm wrap QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (updated 08/04/2014), Continuous-flow cryotherapy and Shoulder (updated 08/27/2014), Venous thrombosis

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary service is not medically necessary, none of the associated services are medically necessary.