

Case Number:	CM14-0158242		
Date Assigned:	10/01/2014	Date of Injury:	09/26/2013
Decision Date:	10/30/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/26/2014

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 Neurosurgery and is licensed to practice in Georgia and Virginia. 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 47-year-old female who reported an injury on 09/26/2013 while pursuing a nonpaying customer out of the restaurant. The injured worker jumped on the departing open Jeep vehicle and was driven around in circles and tossed out of the car, landing on her back and neck. The injured worker complained of neck pain that radiated to the bilateral shoulders with numbness to the left anterior shoulder. The injured worker had a diagnosis of displacement of the cervical intervertebral disc without myelopathy, displacement of the thoracic intervertebral disc without myelopathy, and displacement of the lumbar intervertebral disc without myelopathy. The diagnostics included a CT of the head which revealed no evidence of intracranial bleed or midline shift. The MRI revealed multilevel spondylosis and mild kyphosis, and mild to moderate cord decompression at the C5-6 and C6-7. Past treatment included injections, medication, and physical therapy. Surgeries included a left shoulder arthroscopy and carpal tunnel release. The physical examination dated 09/26/2014 to the cervical neck revealed a rotation to the right at 50 degrees and to the left at 45 degrees with tightness in the shoulders. Flexion was 45 degrees and extension was 30 degrees. The neurological findings revealed the cerebellar, cerebral, and cranial nerves within normal limits. Motor revealed 4/5 weakness. The examination of the gait revealed broad based with a shift and swing outward during ambulation. The medications included Norco 10/325 mg, Xanax 0.25 mg, Paxil 40 mg, and trazodone 200 mg with a pain level of 8/10 with medication and 10/10 without medication using the VAS. The treatment plan included recommendation of an anterior cervical fusion and at the C4-5, C5-6, and C6-7, scheduled 10/08/2014. The Request for Authorization form dated 08/19/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm DVT rental unit (duration of rental unspecified): 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) Knee & Leg Complaints, Venous thrombosis

Decision rationale: The request for Vascutherm Deep vein thrombosis (DVT) rental unit (duration of rental unspecified) is not medically necessary. The Official Disability Guidelines indicate that patients with suspected deep vein thrombosis (DVT) of the lower extremities are usually investigated with ultrasonography either by the proximal veins (2-point ultrasonography) or the entire deep vein system (whole-leg ultrasonography). The latter approach is thought to be better based on its ability to detect isolated calf vein thrombosis; however, it requires skilled operators and is mainly available only during working hours. The guidelines did not address vascutherm unit for the upper extremities, therefore, referred to knee & leg. The request does not address the location the Vascutherm is needed. The clinical notes indicated the injured worker was going to have a cervical fusion, however, no indication the injured worker is at high risk for deep vein thrombosis. As such, the request is not medically necessary.