

<b>Case Number:</b>	CM14-0178561		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	10/14/1996
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Interventional Spine 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 patient is a 59 year old male with an injury date on 10/14/1996. Based on the 02/13/2014 progress report provided by [REDACTED], the diagnoses are: 1. Severe right thoracic outlet syndrome. According to this report, the patient complains of "severe pain in the neck that radiated into the right hand," associated with weakness and increased sensitivity. "The pain clearly increase with activity and is only partially reduced by taking medications." Physical exam reveals motor strength of the right finger flexors and intrinsic muscles is a 3/5. There is atrophy of the thenar and hypothenar musculature in right hand. Increased sensation to light touch, pinprick, and two-point discrimination is noted in the entire right arm, forearm, and right hand. Tinels sign, Adson, Roos test are positive. Shoulder range of motion is restricted with "severe pain". Patient's past surgeries included an anterior cervical discectomy and fusion at C506 O 1997; 5 right shoulder surgery, a revision of the neck in 2001; and a video laryngoscopy in 2001. There were no other significant findings noted on this report. The utilization review denied the request on 10/15/2014. [REDACTED] is the requesting provider, and he provided treatment report and "written order/prescription/Caprini Risk Assessment" from 02/13/2014 to 07/10/2104.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Days Rental Of DVT Prophylaxis (Vascutherm Unit And Sleeve) And Unspecified Purchase Or Rental Of Tens Unit With 4 Packs Of Electrodes For Post-Operative Use On The Right Brachial Plexus(Right Thoracic Outlet Syndrome.: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter under Deep vein thrombosis (DVT)

**Decision rationale:** According to the 02/13/2014 and 07/10/2014 reports by [REDACTED] this patient presents with severe pain in the neck that radiated into the right hand," associated with weakness and increased sensitivity. The treater is requesting 30 Days Rental of DVT Prophylaxis (Vascutherm Unit And Sleeve). The UR denial letter modified to 7 days rental of DVT Prophylaxis. The MTUS and ACOEM Guidelines do not address DVT Prophylaxis unit; however, ODG Guidelines do address DVT Prophylaxis unit. ODG state "Recommend 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." Review of the "Caprini Risk Assessment" show that the patient is a high risk patient of DVT (4 points) and the patient is status post "external neurolysis of the right brachial plexus, internal neurolysis of the upper, middle and lower trunk of the right brachial plexus using the operating microscope, decompression of the right subclavian artery, decompression of the suprascapular and long thoracic nerve including the C8-T1 spinal nerve and intraoperative use of electrical stimulation of identification of the nerve of the right brachial plexus" on 07/11/2014. In this case, the requested 30 day rental of the DVT Prophylaxis unit appears reasonable and consistence with the guidelines. Recommendation is for authorization.