

Case Number:	CM14-0182883		
Date Assigned:	11/07/2014	Date of Injury:	11/26/2003
Decision Date:	01/05/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and bilateral upper extremity pain reportedly associated with an industrial injury of November 26, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier carpal tunnel release surgery on August 10, 2005; cubital tunnel release surgery on March 17, 2008; unspecified amounts of physical therapy; and extensive periods of time off of work. The applicant received a cervical epidural steroid injection on June 3, 2014. In a Utilization Review Report dated October 14, 2014, the claims administrator denied a DVT calf pump and rental apparently sought via an RFA form dated October 29, 2014. It was suggested (but not clearly stated) that the DVT compression pump was being sought in conjunction with an epidural steroid injection. In a June 25, 2014 progress note, the applicant reported ongoing complaints of neck pain status post epidural steroid injection on June 3, 2014. The applicant was off of work, on total temporary disability, it was acknowledged. A repeat cervical epidural steroid injection was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Calf Cuff and Pump 1x 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 (ODG), Knee & Leg, Compression garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Merck Manual, Deep Venous Thrombosis Chapter.

Decision rationale: The MTUS does not address the topic. The Merck Manual notes, however, that the applicant is at low risk for DVT, i.e., those undergoing minor surgery, who have no clinical risk factors for DVT, should be encouraged to walk or move their legs periodically, noting that no specific medical or compressive therapy is needed. Here, the applicant did undergo relative minor ambulatory procedure and epidural steroid injection, a condition for which no specific prophylaxis is recommended, per the Merck manual. The attending provider did not furnish any compelling applicant-specific history of previous blood dyscrasias and/or previous DVTs, which would have compelled provision of the DVT calf cuff and associated pump rental. Therefore, the request is not medically necessary.