

Case Number:	CM14-0186361		
Date Assigned:	11/14/2014	Date of Injury:	07/15/2013
Decision Date:	01/02/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/10/2014

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 Orthopedic Surgery 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:

48 year old male with industrial injury on 7/15/13 with neck pain. Notes demonstrate prior treatments have included medication, injections and surgical care. The claimant is status post success and the rock with therapy for consistent physical therapy. There is note of a prior C5-C6 fusion performed in 2000 with significant pain relief. Radiographs January 20, 2014 demonstrate prior posterior fusion C5-C6 neutral flexion extension is noted. Exam note August 12, 2014 demonstrates patient complained of pain in the hand and wrist. Range of motion notes: flexion of 150, extension 0 pronation 70. Strength is graded as 5 out of 5 in the interossei, finger musculature, ECR, biceps, deltoid. Sensation is normal to radial, median and ulnar and axillary nerve distributions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep vein thrombosis (DVT) unit in operating room: 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), Shoulder Chapter

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of venous duplex. According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy". In this case the exam notes from 8/12/14 do not justify objective evidence to support venous duplex. There is no evidence of palpable cords, asymmetric swelling or other signs of deep vein thrombosis. Therefore the determination is not medically necessary.

Bilateral wraps: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As the decision for the DVT unit is not medically necessary, the bilateral wraps associated with the unit are not medically necessary.