

Case Number:	CM14-0191867		
Date Assigned:	11/25/2014	Date of Injury:	02/27/2012
Decision Date:	01/12/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/17/2014

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 Pain Management and Rehabilitation, 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:

This typist/clerk sustained an injury on 2/27/12 from a slip and fall onto the right extended arm while employed by the [REDACTED]. Request(s) under consideration include (retro) DVT calf cuff and Pump x1 Rental for stellate ganglion block procedure. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing right shoulder burning pain radiating to right elbow with sensitivity to touch per initial pain management report of 8/6/14. Report of 9/3/14 noted patient with persistent right upper extremity and right knee symptoms rated at 8/10. Exam showed cervical paraspinal and bilateral trapezius tenderness; range of flex/ext 1-1/2 finger breath to chest and 20 degrees extension with lateral bending and rotation of 20//40 degrees; no instability; 5/5 muscle strength in all major muscles; 2+ DTRs; noted evidence of RSD (non-specified). The patient was scheduled for sympathetic blocks. Review indicated the patient underwent right stellate ganglion block on 10/6/14. There was no noted significant past medical history or DVT risk factors. The request(s) for (retro) DVT calf cuff and Pump x1 Rental for stellate ganglion block procedure was non-certified on 10/15/14 citing guidelines criteria and lack of medical necessity.

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 x1 Rental: 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) Venous Thrombosis, pages 356-358

Decision rationale: This typist/clerk sustained an injury on 2/27/12 from a slip and fall onto the right extended arm while employed by the [REDACTED]. Request(s) under consideration include (retro) DVT calf cuff and Pump x1 Rental for stellate ganglion block procedure. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing right shoulder burning pain radiating to right elbow with sensitivity to touch per initial pain management report of 8/6/14. Report of 9/3/14 noted patient with persistent right upper extremity and right knee symptoms rated at 8/10. Exam showed cervical paraspinal and bilateral trapezius tenderness; range of flex/ext 1-1/2 finger breath to chest and 20 degrees extension with lateral bending and rotation of 20//40 degrees; no instability; 5/5 muscle strength in all major muscles; 2+ DTRs; noted evidence of RSD (non-specified). The patient was scheduled for sympathetic blocks. Review indicated the patient underwent right stellate ganglion block on 10/6/14. There was no noted significant past medical history or DVT risk factors. The request(s) for (retro) DVT calf cuff and Pump x1 Rental for stellate ganglion block procedure was non-certified on 10/15/14. The DME device provides DVT prophylaxis for post-operative orthopedic patients. The patient underwent an upper extremity stellate ganglion sympathetic block. The provider has requested for this DVT unit; however, has not submitted reports of any risk for deep venous thrombosis resulting from required non-ambulation, immobility, obesity or smoking factors. Rehabilitation to include mobility and exercise are recommended post-surgical procedures as a functional restoration approach recommended by the guidelines; however, the patient is not post-surgical procedure. MTUS Guidelines is silent on specific use of DVT therapy post upper extremity sympathetic block, but does recommend standard cold pack for post exercise. The (retro) DVT Calf Cuff and Pump x1 Rental for stellate ganglion block procedure is not medically necessary and appropriate.