

<b>Case Number:</b>	CM14-0209080		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	10/22/2010
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 36 year old female with an injury date on 10/22/10. The patient complains of continued neck pain with no change in her condition per 10/13/14 report. The patient describes the neck pain as stabbing-type of sensation that goes into the back of her head with intermittent numbness/tingling into the upper extremities associated with throbbing head pain per 10/13/14 report. The patient had an endoscopy on 10/23/14 to evaluate blood in her stool but the biopsy results were not included in the report. The patient is currently on Tramadol, Norco, and OTC NSAIDs per 8/27/14 report. Based on the 10/13/14 progress report provided by the treating physician, the diagnoses are: 1. cervical disc herniations with stenosis 2. Cervical radiculopathy 3. Left shoulder bursitis and impingement 4. Left shoulder SLAP lesion 5. Myelopathy. A physical exam on 10/13/14 showed "C-spine range of motion is limited, with extension 5/60 degrees. Sensation intact in bilateral upper extremities." The patient's treatment history includes medications, chiropractic care (24 sessions, mild relief), acupuncture (6 sessions in 2011, minimal relief). The treating physician is requesting vascutherm with DVT unit rental 14 days. The utilization review determination being challenged is dated 12/1/14. The requesting physician provided treatment reports from 5/29/14 to 10/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm With DVT Unit Rental 14 days:** 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) Treatment in Workers Compensation (TWC); Knee & Leg Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Chapter, Venous Thrombosis compression DVT prophylaxis.

**Decision rationale:** This patient presents with neck pain, epigastric pain. The provider has asked for but the requesting progress report is not included in the provided documentation. The patient was scheduled for an endoscopy on 10/23/14. Regarding compression DVT prophylaxis, ODG hip/pelvis chapter states: "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis. A venous thrombosis is a blood clot that forms within a vein. Deep venous thromboses (DVTs) form in the deep veins of the legs, and if a piece of a blood clot formed in a vein breaks off it can be transported to the right side of the heart, and from there into the lungs, and is called an embolism, and this process called a venothromboembolism (VTE)." The incidence of DVT can increase depending on invasiveness of the surgery, postoperative immobilization period and use of central venous catheters. In this case, there is no discussion regarding any specific risk factors for DVT during a proposed endoscopy, for which DVT prophylaxis is recommended per ODG. It is unlikely that the patient will have any significant post-operative period of immobilization and no central venous catheter is being proposed. The request is not medically necessary.