

Case Number:	CM15-0005726		
Date Assigned:	01/22/2015	Date of Injury:	02/17/2012
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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 & Rehabilitation

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 injured worker is a 46 year old female with a date of injury as 02/17/2012. The current diagnoses include degenerative disc disease cervical, degenerative disc disease lumbar spine, right lateral extensor tendinitis, and left shoulder impingement. Previous treatments include medications and home exercise program. Report dated 11/28/2014 noted that the injured worker presented with complaints that included neck pain. The injured worker is performing home stretches and using Norco for pain relief. Physical examination revealed moderate tenderness along the spines, no other abnormalities were noted. Treatment plan included a request for the compression stocking, due to radiating left upper extremity pain. The injured worker is temporary totally disabled. The utilization review performed on 12/23/2014 non-certified a prescription for compression stocking left upper extremity based on no documentation to support swelling or tenderness. The reviewer referenced the ACOEM in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compression Stocking for LUE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic) Chapter, Compression garments

Decision rationale: The patient presents with neck pain. The request is for COMPRESSION STOCKING FOR LUE. Patient's diagnosis on 11/28/14 included cervical degenerative disc disease, C4-7 left upper extremity radiculopathy, and left shoulder impingement syndrome. Patient's medications included Flexeril, Norco and Promolaxin. The patient is temporarily totally disabled. The MTUS and ACOEM Guidelines are silent regarding the request. ODG does not specifically address compression garment for the upper extremities, however the following is available: ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Compression garments states: "Not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery... Upper extremity DVT is much less studied compared to lower extremity DVT and the diagnostic and therapeutic modalities still have substantial areas that need to be studied. (Saseedharan, 2012)" Per progress report dated 11/28/14, treater states patient "continues on the self exercises and we can treat only the upper extremities and agree surgery to the neck is indicated and recommend proceeding. She is having pain radiating into the left upper extremity and will request a compression stocking for the pain." Guidelines state that "...Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery..." Treater has not documented "a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism. Treater has not stated risk of perioperative thromboembolic complication, nor has he identified the patient to be at high risk of developing venous thrombosis, as required by guidelines. The request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.