

Case Number:	CM15-0108081		
Date Assigned:	06/12/2015	Date of Injury:	09/03/2009
Decision Date:	07/20/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/04/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 53 year old female sustained an industrial injury on 9/3/09. She subsequently reported neck, back and left upper extremity pain. Diagnoses include complex regional pain syndrome and left ulnar neuropathy. Treatments to date include x-ray and MRI testing, injections, surgeries, physical therapy and prescription pain medications. The injured worker continues to experience neck pain that radiates to the left upper extremity. Upon examination, the injured worker has contracture, mottled discoloration, reduced temperature and evidence of a tremor in the left hand. There was left sided cervical paraspinous tenderness. Cervical spine range of motion is reduced. Deep tendon reflexes were decreased on the left side. Tinel's, Adson's and Roos tests were positive. A request for Deep Vein Thrombosis Prophylaxis unit with intermittent limb therapy, 30 day rental, lumbar wrap and TENS unit purchase for cervical and left upper extremity was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep Vein Thrombosis Prophylaxis unit with intermittent limb therapy, 30 day 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, Shoulder, Venous Thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation DVT Proph: ODG, Treatment Index, 11th Edition, 2014, Shoulder, Venous thrombosis. Venous thrombosis.

Decision rationale: According to the ODG, recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In the shoulder, risk is lower than in the knee. In this case the documentation doesn't support that the patient is at increased risk for DVT. The office visit on 4/20/15 notes the patient is planned for an implanted spinal cord stimulator. The documentation doesn't support that the patient is expected to be immobile for a prolonged period of time which would increase the DVT risk. The DVT prophylaxis unit is not medically necessary.

Lumbar Wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Heat Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to the ACOEM, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Heat and cold application is recommended. In this case the patient has low back pain chronically, the documentation doesn't support that he requires a back brace for application of heat. There is no indication that the patient has had re-injury or an increase in back pain that would necessitate a lumbar wrap. The request is not medically necessary.

TENS unit purchase for cervical and left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: According to the MTUS, the use of a transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described

below. These conditions include neuropathic pain, Phantom limb pain and CRPSII, spasticity, and multiple sclerosis. In this case the patient is not enrolled in an evidence-based functional restoration program. The request is not medically necessary.