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| Case Number: | CM15-0163814 | | |
| Date Assigned: | 09/01/2015 | Date of Injury: | 12/23/2014 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 07/24/2015 |
| Priority: | Standard | Application Received: | 08/20/2015 |

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:

This 63 year old man sustained an industrial injury on 12-23-2014 after being thrown from a pallet jack. He received immediate medical care including x-rays. Evaluations include an undated left shoulder MRI, left shoulder MR arthrogram dated 2-12-2015, right shoulder MRI dated 6-17-2015, electrodiagnostic studies of the bilateral upper extremities dated 4-21-2015, lumbar spine MRI dated 6-17-2015, and cervical spine MRI dated 6-17-2015. Diagnoses include cervical spine herniated nucleus pulposus with bilateral upper extremity radiculopathy, bilateral shoulder internal derangement, lumbar spine herniated nucleus pulposus with bilateral lower extremity radiculopathy, and medication induced gastritis. Treatment has included oral medications, surgical intervention, shoulder injection, and physical therapy. Physician notes dated 7-13-2015 show complaints of cervical and lumbar spine pain and left leg pain. Recommendations include orthopedic spine surgeon consultation, Anaprox, Prilosec, Norco, Topamax, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension for deep vein thrombosis (DVT) prophylaxis unit rental for an additional 30 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), Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter under venous thrombosis.

Decision rationale: The patient was injured on 12/23/14 and presents with cervical spine pain and shoulder pain. The request is for an EXTENSION FOR DEEP VEIN THROMBOSIS (DVT) PROPHYLAXIS UNIT RENTAL FOR AN ADDITIONAL 30 DAYS. There is no RFA provided and the patient is temporarily totally disabled. ODG guidelines, Chapter Knee & Leg under venous thrombosis states, "Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. Studies have addressed the risk for thrombosis following major injury, and minor events, including travel, minor surgery, and minor trauma, are linked to a 3-fold increased risk for venous thrombosis. Venothromboembolism (VTE) is an important condition in hospitalized patients accounting for significant morbidity and mortality. Those at high risk should be considered for anticoagulation therapy during the post-hospitalization period. (Yale, 2005) Aspirin may be the most effective choice to prevent pulmonary embolism (PE) and venous thromboembolism (VTE) in patients undergoing orthopaedic surgery, according to a new study examining a potential role for aspirin in these patients. Patients who received aspirin had a lower VTE risk score than the patients who received warfarin. Patients who received aspirin had a much lower use of sequential compression devices than high-risk patients, but even aspirin patients should receive sequential compression as needed." The patient is diagnosed with cervical spine herniated nucleus pulposus with bilateral upper extremity radiculopathy, bilateral shoulder internal derangement, lumbar spine herniated nucleus pulposus with bilateral lower extremity radiculopathy, and medication induced gastritis. Treatment to date includes oral medications, surgical intervention, shoulder injection, and physical therapy. The report with the request is not provided. The 05/12/15 DVT Risk Assessment report states that the patient will need a DVT unit for a 30 day trial. No rationale is provided and no mention of what type of surgery for which body part. There is also no mention of how long the patient has used it and why additional use is necessary. While DVT prophylaxis is important post-operative treatment, without knowing what surgery this patient is to undergo, the request cannot be considered. The request is also for 30 additional days and it is not known how many days the patient already has had or will have. The request IS NOT medically necessary.