

Case Number:	CM15-0184157		
Date Assigned:	09/24/2015	Date of Injury:	03/12/2014
Decision Date:	11/09/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/18/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 40 year old male, who sustained an industrial injury on 03-12-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for a de-gloving injury to the right upper extremity, a C6 end-plate fracture, right 4-5 rib fracture, left transverse process fractures, a left gluteal avulsion, a right flank laceration, chronic pain, and depression. Medical records (04-30-2015 to 08-14-2015) indicate ongoing arm pain and neck pain. Pain levels were 6-8 out of 10 on a visual analog scale (VAS) and described as constant, radiating, sharp, dull, throbbing and aching. Pain is reported to be aggravated by walking, activities and exercise, and decreased by lying down and sitting. The records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-14-2015, revealed decreased right arm and hand sensation, right RSD (reflex sympathetic dystrophy) allodynia, right RSD dysesthesias, right RSD sweating asymmetry, and right RSD trophic changes. There were no changes from previous exam findings. Relevant treatments have included reconstruction of the brachial artery, debridement of the right arm and forearm wounds with excision of necrotic biceps, brachialis, pronator teres, FCR, pectoralis major muscles, decompressive fasciotomy right forearm flexor compartment without debridement, physical therapy (PT), work restrictions, and pain medications. Patient underwent exploration of wound and ligation of right axillary artery on 3/12/14. The request for authorization (08-14-2015) shows that the following services were requested: compression stocking and ProCare pillow reflex sympathetic dystrophy. The original utilization review (08-20-2015) non-certified the request for compression stocking and

ProCare pillow reflex sympathetic dystrophy. The medication list include Tramadol, Ibuprofen, Norco, Clonazepam, Wellbutrin, Gabapentin and Naproxen. The patient has had history of closed head trauma with loss of consciousness. The patient sustained the injury when he caught by a tailpipe as he crawled under a moving conveyor belt. Per the note dated 10/2/15 the patient had complaints of pain in elbow, shoulder, wrist, hand and finger at 8/10. The physical examination of the right upper extremity revealed no edema, and there were trophic color changes and he was wearing a compression brace on right wrist. The physical examination of the upper extremity on 9/3/15 revealed decreased sensation and RSD trophic and temperature changes on right side. He was using a compression brace on the right wrist. The patient had received an unspecified number of PT visits for this injury. The patient has had used compression garments and cervical collar for this injury. The patient has had MRI of the right shoulder on 7/1/15 that revealed supraspinatus tendinopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compressions stocking: 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, Compression garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 10/26/15) Compression garments.

Decision rationale: Request: Compression stocking. ACOEM and CA MTUS chronic pain guidelines do not address this request. Therefore, ODG was used. Per the cited guidelines Compression garments is "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." Evidence of presence of edema in the right upper extremity in the recent clinical evaluation note was not specified in the records specified. The patient had received an unspecified number of the PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. Evidence of diminished effectiveness of medications was not specified in the records provided. The medical necessity of the request for Compressions stocking is not fully established in this patient.

ProCare pillow reflex sympathetic dystrophy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Neck & Upper Back (updated 06/25/15)Pillow.

Decision rationale: ProCare pillow reflex sympathetic dystrophy. CA MTUS and ACOEM do not address this request. As per cited guideline Pillow: Recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. The rationale for the need of a ProCare pillow reflex sympathetic dystrophy is not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. Whether the requested pillow would be used in conjunction with daily exercise was not specified in the records provided. A recent surgery or procedures related to this injury were not specified in the records provided. The medical necessity of the request for ProCare pillow reflex sympathetic dystrophy is not fully established in this patient.