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| Case Number: | CM15-0195931 | | |
| Date Assigned: | 10/09/2015 | Date of Injury: | 03/15/2003 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 09/14/2015 |
| Priority: | Standard | Application Received: | 10/05/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained an industrial injury on 3-15-2003. The injured worker is being treated for left posttraumatic piriformis syndrome with compression of the peroneal nerve secondary to limping, left posttraumatic thoracic outlet syndrome and depression secondary to chronic pain syndrome. Treatment to date has included surgical intervention (bilateral knee arthroscopy 2004, left shoulder surgery, undated, and lumbar laminectomy, 2005), physical therapy, medications, pain management evaluation and epidural injections. Per the only medical record submitted, the Neurosurgical consultation dated 3-05-2015; the injured worker reported severe pain in the left gluteal area that radiates into the left leg that has been associated with weakness and numbness as well as pain in the lateral aspect of the left knee that radiates into the dorsal aspect of the left foot. He also reports pain in the left supraclavicular area that radiates into the left hand associated with weakness and numbness of the left hand. Objective findings included decreased sensation to pinprick in the left hand and the left foot. He has no knee or ankle jerk on the left side. Work status was not provided. The plan of care included EMG (electromyography)-NCS (nerve conduction studies) of the left sciatic and peroneal nerves. Authorization was requested for deep vein thrombosis (DVT) intermittent compression device (30 day rental for the left lower extremity) and TENS unit for purchase for the left lower extremity. On 9-14-2015, Utilization Review non-certified the request for deep vein thrombosis (DVT) intermittent compression device (30 day rental for the left lower extremity) and TENS unit for purchase for the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT (deep vein thrombosis) intermittent compression device, 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 Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Venous thrombosis and Other Medical Treatment Guidelines Bates SM, Jaeschke R, Diagnosis of DVT: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians (ACCP) evidence-based clinical practice guidelines. Chest 2012 Feb; 141 (2 Suppl): e351 S-418 S and Suppl: 195 S-e226 S.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2003 when, while unloading a truck, she tripped and fell. She underwent a lumbar laminectomy in March 2005. In January 2015 a diagnostic ultrasound showed findings of severe fibrosis of the left piriformis muscle with left sciatic nerve compression. She underwent surgical decompression on 05/13/15. When seen, there had been substantial improvement after surgery. However, she was having increased pain and had left ankle swelling with weakness. Physical examination findings included decreased left lower extremity strength and sensation with moderate ankle swelling. Tinel's testing of the peroneal nerve at the fibula head was positive. Electrodiagnostic testing was done showing findings of peroneal nerve compression. A left peroneal nerve decompression is now being planned. Authorization is being requested for use of an intermittent compression device and TENS unit purchase. Deep venous thrombosis prophylactic therapy is routinely utilized in the inpatient setting with major abdominal, pelvic, extremity or neurologic surgery, or following major trauma. In this case, the claimant has left lower extremity swelling and whether a DVT is present needs to be ruled out. However, prolonged immobilization after the planned procedure is not anticipated. Medications such as low-molecular weight heparin (LMWH), the current recommended treatment, are available and the claimant has no identified risk of major bleeding. Therefore, this request for a 30-day rental of a DVT prophylaxis unit is not medically necessary.

TENS (transcutaneous electrical nerve stimulation) unit, for lower left extremity, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), TENS, post operative pain (transcutaneous electrical nerve stimulation).

Decision rationale: The claimant has a remote history of a work injury occurring in March 2003 when, while unloading a truck, she tripped and fell. She underwent a lumbar laminectomy in March 2005. In January 2015 a diagnostic ultrasound showed findings of severe fibrosis of the left piriformis muscle with left sciatic nerve compression. She underwent surgical decompression on 05/13/15. When seen, there had been substantial improvement after surgery. However, she was having increased pain and had left ankle swelling with weakness. Physical examination findings included decreased left lower extremity strength and sensation with moderate ankle swelling. Tinel's testing of the peroneal nerve at the fibula head was positive. Electrodiagnostic testing was done showing findings of peroneal nerve compression. A left peroneal nerve decompression is now being planned. Authorization is being requested for use of an intermittent compression device and TENS unit purchase. TENS is recommended as a treatment option for acute post-operative pain in the first 30 days after surgery. In this case, when requested, the claimant had not undergone the planned procedure. An assessment of her post-operative pain and response to standard post-operative treatments would be expected before consideration of providing a TENS unit. If a unit was indicated, a 30 day trial period of use would be recommended. The request for purchasing a unit is not medically necessary.