

<b>Case Number:</b>	CM15-0024564		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	09/09/2002
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Arizona  
 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 59-year-old female who reported injury on 09/09/2002. The mechanism of injury was not provided. The documentation of 12/30/2014 revealed the injured worker had been authorized for a decompression of the left brachial plexus. The neurologic examination revealed 3/5 strength of the left finger flexors and intrinsic muscles of the hand and the right was 3+/5. The injured worker had strength at 4+/5 of the left dorsiflexors, and plantar flexors and hamstring muscles and on the right side it was 5-/5. The injured worker had a moderate muscle spasm in the posterior cervical musculature. The injured worker had a positive Tinel's in the region of the brachial plexus bilaterally, more severe on the left. There was swelling of the left supraclavicular area. The Adson's and Roos tests including the brachial plexus stress test were positive on the left side. The injured worker had neurodiagnostics on 05/19/2014 which revealed a severe fibrosis of the scalenus anterior muscle causing compression of the left brachial plexus. The injured worker had a diagnostic injection in the left scalenus anterior muscle which provided excellent relief of the pain that radiated into her left hand. The effect was temporary. The injured worker underwent somatosensory evoked potentials of the upper extremity that was consistent with an absence of the left Erb generator and a medial cord brachial plexopathy. The diagnoses included thoracic outlet syndrome, more severe on the left side. The recommendation was for surgery. The prescription written on 01/30/2015 revealed the injured worker was between the age of 42 and 60, was scheduled for a major surgery, and was scheduled for general anesthesia for greater than 30 minutes and therefore was at high risk. There was a request for authorization submitted for review dated 01/14/2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 DVT (deep vein thrombosis) prophylaxis unit intermittent limb therapy, 30 day rental for left upper extremity as outpatient:** 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), Knee & Leg (Acute & Chronic), 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 Chapter, Venous Thrombosis, Compression garments.

**Decision rationale:** The Official Disability Guidelines indicate that injured workers who are at high risk of developing venous thrombosis and should be provided prophylactic measures such as consideration for anticoagulation therapy. Additionally, compression garments should be utilized for the prevention of deep venous thrombosis. The documentation indicated the injured worker was at high risk due to the length of surgery and the age of the injured worker. However, there was a lack of documentation indicating a necessity for a deep venous thrombosis unit versus the use of compression stockings. Given the above and the lack of documentation, the request for 1 DVT (deep vein thrombosis) prophylaxis unit intermittent limb therapy, 30 day rental for left upper extremity as outpatient is not medically necessary.