

Case Number:	CM15-0087345		
Date Assigned:	05/13/2015	Date of Injury:	09/23/2014
Decision Date:	06/11/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/06/2015

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: Maryland

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

The injured worker is a 60-year-old, male who sustained a work related injury on 9/23/14. While he was driving a tractor, he hit a bump and had a jarring injury to his low back. The diagnoses have included lumbar radiculopathy, left greater than right, lumbar strain and lumbar degenerative disc disease. The treatments have included physical therapy without benefit, lumbar epidural steroid injections and medications. In the Interim Orthopedic Report dated 4/2/15, the injured worker complains of bilateral, left greater than right, leg radicular symptoms with numbness, tingling and weakness. He has a positive left leg straight leg raise that reproduces the left leg pain. The treatment plan includes proceeding with lumbar spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ossur DVT device monthly rental with Neurotech KneeHab XP unit: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121. Decision based on Non-

MTUS Citation February 2012, Vol 141, No. 2_suppl Antithrombotic Therapy and Prevention of Thrombosis, 9th Ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines | February 2012 Executive Summary: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. Gordon H. Guyatt, MD, FCCP; Elie A. Akl, MD, PhD, MPH; Mark Crowther, MD; David D. Gutterman, MD, FCCP; Holger J. Schünemann, MD, PhD, FCCP; on behalf of for the American College of Chest Physicians Antithrombotic Therapy and Prevention of Thrombosis Panel. Chest. 2012; 141(2_suppl): 7S-47S. doi:10.1378/chest.1412S3 and <http://www.neurotechgroup.com/us/go/product-categories/muscle-rehabilitationand> Knee and Leg-venous thrombosis.

Decision rationale: Ossur DVT device monthly rental with Neurotech KneeHab XP unit is not medically necessary per the ODG, the MTUS Guidelines and a review online of prevention of deep venous thrombosis as well as a review of the Neurotech Knee Hab XP unit. There is no documentation that patient will not be mobile or has any conditions that warrant post op DVT prophylaxis such as those referred to in the Executive Summary: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines in Chest. 2012. The MTUS Chronic Pain Medical Treatment Guidelines state that NMES is not supported for the treatment of chronic pain and used in the rehabilitation of stroke patients. The documentation does not indicate that this will be used for rehabilitation of a stroke. The ODG recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Without documentation of high risk of venous thrombosis and no evidence that this device will be used for stroke rehabilitation, the request for Ossur DVT device monthly rental with Neurotech KneeHab XP unit is not medically necessary.

Neurotech kneehab 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 (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) February 2012, Vol 141, No. 2_suppl Antithrombotic Therapy and Prevention of Thrombosis, 9th Ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines | February 2012 Executive Summary: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. Gordon H. Guyatt, MD, FCCP; Elie A. Akl, MD, PhD, MPH; Mark Crowther, MD; David D. Gutterman, MD, FCCP; Holger J. Schünemann, MD, PhD, FCCP; on behalf of for the American College of Chest Physicians Antithrombotic Therapy and Prevention of Thrombosis Panel. Chest. 2012; 141(2_suppl): 7S-47S. doi:10.1378/chest.1412S3 and <http://www.neurotechgroup.com/us/go/product-categories/muscle-rehabilitation> and Knee and Leg-venous thrombosis.

Decision rationale: Neurotech kneehab wrap is not medically necessary per the ODG, the MTUS Guidelines and a review online of prevention of deep venous thrombosis as well as a

review of the Neurotech Knee Hab XP unit. There is no documentation that patient will not be mobile or has any conditions that warrant post op DVT prophylaxis such as those referred to in the Executive Summary: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines in Chest. 2012. The MTUS Chronic Pain Medical Treatment Guidelines state that NMES is not supported for the treatment of chronic pain and used in the rehabilitation of stroke patients. The documentation does not indicate that this will be used for rehabilitation of a stroke. The ODG recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Without documentation of high risk of venous thrombosis and without evidence that the patient will be using the Neurotech KneeHab XP unit for stroke rehabilitation the request for a Neurotech knee hab wrap which will be used with the Neurotech KneeHap unit is not medically necessary.

Conductive garment: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) February 2012, Vol 141, No. 2_suppl Antithrombotic Therapy and Prevention of Thrombosis, 9th Ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines | February 2012 Executive Summary: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. Gordon H. Guyatt, MD, FCCP; Elie A. Akl, MD, PhD, MPH; Mark Crowther, MD; David D. Gutterman, MD, FCCP; Holger J. Schunemann, MD, PhD, FCCP; on behalf of for the American College of Chest Physicians Antithrombotic Therapy and Prevention of Thrombosis Panel. Chest. 2012;141(2_suppl): 7S-47S. doi:10.1378/chest.1412S3 and <http://www.neurotechgroup.com/us/go/product-categories/muscle-rehabilitation> and Knee and Leg-venous thrombosis.

Decision rationale: Conductive garment is not medically necessary per the ODG, the MTUS Guidelines and a review online of prevention of deep venous thrombosis as well as a review of the Neurotech Knee Hab XP unit. There is no documentation that patient will not be mobile or has any conditions that warrant post op DVT prophylaxis such as those referred to in the Executive Summary: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines in Chest. 2012. The MTUS Chronic Pain Medical Treatment Guidelines state that NMES is not supported for the treatment of chronic pain and used in the rehabilitation of stroke patients. The documentation does not indicate that this will be used for rehabilitation of a stroke. The ODG recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Without documentation of high risk of venous thrombosis and without evidence that the patient will be using the Neurotech KneeHab XP unit for stroke rehabilitation the request for a conductive garment, which will be used with this device, is not medically necessary.