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| Case Number: | CM15-0239649 | | |
| Date Assigned: | 12/16/2015 | Date of Injury: | 07/27/2015 |
| Decision Date: | 01/25/2016 | UR Denial Date: | 11/13/2015 |
| Priority: | Standard | Application Received: | 12/08/2015 |

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: Arizona, 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 57 year old male, who sustained an industrial injury on July 27, 2015. He reported neck pain. The injured worker was currently diagnosed as having C3-4, C4-5, C5-6 cervical disc disease and stenosis, left cervical radiculopathy, early myelopathy, diabetes and heart disease. Treatment to date has included diagnostic studies and physical therapy without benefit. On November 2, 2015, the injured worker complained of constant neck pain that increases with daily activities. The pain radiated to both arms and goes down to all fingers on the left upper extremity and to the elbow on the right. He was noted to drop items out of his hands more on the left side. He stated he felt that he was falling and noticed changed in coordination with his left hand. Imaging studies showed severe stenosis at C3-4, C4-5 and C5-6. The treatment plan included ACDF at C3-4, C4-5 and C5-6 and post-operative bone stimulator. A request was made for one month rental of a Home Fit Deep Vein Thrombosis Device. On November 13, 2015, utilization review denied a request for one month rental of a Home Fit Deep Vein Thrombosis Device.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month Rental of a Home Fit Deep Vein Thrombosis Device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 13th Edition (web) Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter and pg 10, knee chapter and pg 68.

Decision rationale: According to the guidelines, DVT prophylaxis is recommended in those with high risk for DVT and after high risk surgeries such as knee surgery. As with the shoulder, neck surgeries are not considered high risk. DVT prophylaxis is also best managed with anticoagulation therapy. Post-operative compression garments may be provided for those with high risk after surgery. In this case, the claimant was to undergo neck surgery. There is no mention of high risk. The request for a 1 month DVT device is not medically necessary.