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| Case Number: | CM14-0108343 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 11/08/2013 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/11/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 38-year-old female with a date of injury of 11/08/2013. The listed diagnoses per [REDACTED] are: 1. Possible cervical radiculopathy. 2. Overuse syndrome, bilateral shoulders. 3. Overuse syndrome, bilateral wrist/hand. According to progress report 05/05/2014, the patient continues to complain of neck pain rated as 9/10. She also has bilateral wrist pain, bilateral metacarpophalangeal numbness, and bilateral hand pain. Report 04/07/2014 indicates the patient has positive TTP, decreased range of motion with spasm, positive Phalen's in the left wrist. [REDACTED] progress reports are handwritten and partially illegible. Request for authorization from 05/13/2014 requests Q-Tech cold therapy recovery system rental up to 21 days, Q-Tech DVT deep vein thrombosis prevention system rental up to 21 days, home exercise kit for bilateral hands, and home exercise kit for bilateral shoulders. Utilization review denied the request on 06/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-tech cold therapy recovery system, with wrap, QTY: rental up to 21 days: 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), Treatment Index, 11th Edition (web), 2014, Treatment Section for the Wrist and Hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following regarding continuous-flow cryotherapy under shoulder, Knee, Foot/Ankle.

Decision rationale: This patient presents with neck, bilateral shoulder, and bilateral hand and wrist pain. The treater is requesting Q-Tech cold therapy recovery system with wrap rental 21 days to help decrease pain and inflammation. The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) guidelines do not discuss cold therapy units. Therefore, Official Disability Guidelines (ODG) Guidelines are referenced. ODG Guidelines has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." This patient is not status post surgery and ODG does not recommend continuous-flow cryotherapy for nonsurgical treatment. The requested treatment is not medically necessary and appropriate.

Q-tech DVT (deep vein thrombosis) prevention systems, QTY: rental up to 21 days: 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), Treatment Index, 11th Edition (web), 2014, Treatment Section for the Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Venous Thrombosis for upper extremity surgery: (ODG guidelines on shoulder chapter).

Decision rationale: This patient presents with cervical pain, bilateral shoulders, and bilateral wrist and hand pain. The treater is requesting a Q-Tech deep vein thrombosis (DVT) prevention system rental 21 days for bilateral wrist numbness. The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not discuss DVTs. However, the Official Disability Guidelines (ODG) Guidelines have the following regarding venous thrombosis, "Recommended identifying subjects at a high risk of developing venous thrombosis and providing prophylactic measure such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risks of venous thrombosis. Aspirin may be the most effective choice to prevent pulmonary embolism and venous thromboembolism in patients undergoing orthopedic surgery. The latest AHRQ Comparative Effectiveness Review of venous thromboembolism in orthopedic surgery concluded that there are inadequate data to make very many recommendations." In this case, there are no discussions as to why DVT system is being requested as there are no documentation of the patient being "high risks" of developing venous thrombosis. Furthermore, ODG Guidelines recommend a simple use of acetylsalicylic acid (ASA). Furthermore, the requested continuous flow cryotherapy exceeds 7days post-op use recommendation by ODG guidelines. The requested treatment is not medically necessary and appropriate.

Home exercise kit for bilateral hands: 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), Treatment Index, 11th Edition (web), 2014, Treatment Section for the Wrist and Hand, Gym Program.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on Exercise for Chronic pain.

Decision rationale: This patient presents with cervical pain, bilateral shoulders, and bilateral wrist and hand pain. Request for authorization from 03/19/2014 request "optimum home rehab kit." The contents of this kit are unknown. The American College of Occupational and Environmental Medicine (ACOEM), and Official Disability Guidelines (ODG) guidelines do not discuss home exercise kits for the lumbar spine. ACOEM guidelines page 309 under low back chapter recommends, "low-stress aerobic exercise." ACOEM further states, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise." Although exercise is recommended, it is unclear as to what the "optimum home rehab kit" encompasses. Without knowing what the "kit" details, one cannot make a recommendation regarding its appropriateness based on the guidelines. There is no discussion regarding what exercises are to be performed and what kind of monitoring will be done. The requested treatment is not medically necessary and appropriate.

Home exercise kit for bilateral shoulders: 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), Treatment Index, 11th Edition (web), 2014, Treatment Section for the Wrist and Hand, Gym Program.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on Exercise for Chronic pain.

Decision rationale: This patient presents with cervical pain, bilateral shoulders, and bilateral wrist and hand pain. Request for authorization from 03/19/2014 request "optimum home rehab kit." The contents of this kit are unknown. The American College of Occupational and Environmental Medicine (ACOEM), and Official Disability Guidelines (ODG) guidelines do not discuss home exercise kits for the lumbar spine. ACOEM guidelines page 309 under low back chapter recommends, "low-stress aerobic exercise." ACOEM further states, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise." Although exercise is recommended, it is unclear as to what the "optimum home rehab kit" encompasses. Without knowing what the "kit" details, one cannot make a recommendation regarding its appropriateness based on the

guidelines. There is no discussion regarding what exercises are to be performed and what kind of monitoring will be done. The requested treatment is not medically necessary and appropriate.