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| Case Number: | CM14-0115018 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 01/10/2012 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 07/14/2014 |
| Priority: | Standard | Application Received: | 07/22/2014 |

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 Internal Medicine 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 injured worker is a 48 year old female who initially presented with right hip pain as a result of a slip and fall on a wet floor on 01/10/12. The utilization review dated 08/07/14 resulted in modified approval for use of a vascutherm device for seven days. The AME dated 08/28/12 indicated the injured worker complaining of right hip pain. The injured worker also reported several year history of mid back pain exacerbated with bending or lifting. Symptoms waxed and waned over a period of time. The injured worker also reported neck pain radiating into the upper extremities. The injured worker was required to wear heavy belt while at work which exacerbated her pain level. The AME dated 11/06/13 indicated the injured worker continuing with pain at several sites including the low back and radiating into the lower extremities. There was also indication that the injured worker had right shoulder complaints. A clinical note dated 02/10/14 indicated the injured worker undergoing right hip arthroscopic debridement. The injured worker complained of right shoulder and arm pain. A clinical note dated 03/27/14 indicated the injured worker continuing with significant right shoulder pain. The injured worker also reported numbness and burning discomfort in the left lower extremity. The injured worker rated the pain 5/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm X 30 days 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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, Venous thrombosis

Decision rationale: The request for 30 day rental of Vascutherm device is not medically necessary. The injured worker underwent right hip operative procedure. The previous utilization review resulted in modified approval for the Vascutherm device for up to seven days. Additional treatment including Vascutherm device would be indicated provided specific criteria are met including a positive response to the previously rendered use of Vascutherm device. No information including objective findings were identified in the submitted clinical documentation. Therefore, it is unclear if the injured worker would require 30 day use of device. Therefore, this request is not medically necessary.