

Case Number:	CM14-0162124		
Date Assigned:	10/07/2014	Date of Injury:	08/18/1999
Decision Date:	10/31/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/02/2014

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 & Rehabilitation and Pain Management, 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 63 year old female with an injury date of 08/18/99. Based on the 05/15/14 progress report provided by [REDACTED] the patient complains of neck pain that radiates into her left hand, and left elbow pain. Physical examination revealed positive Tinel sign in the region of the left brachial plexus. Adson and Roos including the brachial plexus stress testing were positive on the left. She had ultrasound guided injection in the left scalenus anterior muscle that provided excellent relief of the pain in the left supraclavicular area that radiates into the left hand. The patient has been recommended to have an operation to decompress the left brachial plexus and the left ulnar nerve using a minimal invasive technique and the operative microscope. Diagnosis 05/15/14- left posttraumatic thoracic outlet syndrome- left ulnar neuropathy secondary to dislocation of the ulnar nerve with flexion of the left arm. The utilization review determination being challenged is dated 09/19/14. The rationale follows: 1) Vascutherm with DVT prophylaxis rental x 30 days: "modified to 7 day rental." 2) Tens unit & 4 sets of electrodes purchase: "modified to 30 day home trial." [REDACTED] is the requesting provider, and he provided treatment reports from 05/15/14 - 07/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm with DVT prophylaxis rental for 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG , Knee Chapter, DVT Prophylaxis and American Academy of Orthopedic Surgeons Clinical Guidelines (AAOS); 2007, 36 P. [49 references].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guidelines, Knee chapter: Venous Thrombosis

Decision rationale: The patient presents with neck pain that radiates into her left hand, and left elbow pain. The request is for Vascutherm with DVT prophylaxis rental x 30 days. Her diagnosis dated 05/15/14 includes left posttraumatic thoracic outlet syndrome and left ulnar neuropathy secondary to dislocation of the ulnar nerve with flexion of the left arm. Regarding cryotherapy, MTUS is silent, however, ODG allows for short-term post-operative use for 7 days. ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. Regarding Vascutherm with DVT prophylaxis, ODG states that ASA may be the most effective choice to prevent PE and DVT in patients undergoing orthopedic surgery, but even ASA patients should receive sequential compression as needed. When looking at various devices, data from Million Women Study in the UK suggested that the risk of DVT after pelvic and acetabular surgery is greater and lasts for longer than has previously been appreciated. They showed that the risk is greatest in the first six weeks following surgery, peaking around three weeks afterward. Per progress report dated 05/15/14, treater states that the patient has been recommended to have an operation to decompress the left brachial plexus and the left ulnar nerve using a minimal invasive technique and the operative microscope. While the requested use of Vascutherm with DVT prophylaxis for 30 days would be reasonable for orthopedic surgeries including knee and pelvis, given the patient's minimally invasive surgery to decompress brachial plexus and ulnar nerve, DVT prophylaxis does not appear reasonable. Therefore, the request of Vascutherm with DVT prophylaxis rental for 30 days is not medically necessary and appropriate.

Tens unit & 4 sets of electrodes purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS in chronic intractable pain Page(s): 116.

Decision rationale: The patient presents with neck pain that radiates into her left hand, and left elbow pain. The request is for Tens unit & 4 sets of electrodes purchase. Her diagnosis dated 05/15/14 includes left posttraumatic thoracic outlet syndrome and left ulnar neuropathy secondary to dislocation of the ulnar nerve with flexion of the left arm. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain:(p116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Based on progress report

dated 05/15/14, patient presents with radicular symptoms from the neck into the left upper extremity, which is supported by physical examination and diagnosis. However, in review of reports, there is no documentation that patient has trialed a TENS unit. Documentation regarding use and outcomes of TENS during a one-month trial period, as required by MTUS guidelines has not been submitted. The request does not meet MTUS criteria and therefore, the request of Tens unit & 4 sets of electrodes purchase is not medically necessary and appropriate.