

<b>Case Number:</b>	CM14-0212297		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52 year old male who sustained a work related injury to his lower back, elbow and knees when he slipped and fell backwards on April 20, 2012. The injured worker was diagnosed with cervical discogenic disease and shoulder pain with radiculopathy, lumbar disc displacement, lumbar facet arthroplasty, lumbar spinal stenosis, left knee chondromalacia, depression and anxiety. The injured worker underwent a right acromioplasty and Mumford procedure on February 18, 2014 followed by physical therapy and a right lateral elbow release and reconstruction with absorbable suture anchor on October 30, 2014. According to the primary treating physician's progress report on November 10, 2014, the injured worker expresses continued pain with restricted range of motion of the cervical spine across the trapezius bilaterally to both upper extremities. His low back pain has worsened radiating to the right lower extremity according to the report dated December 22, 2014. Current medications are noted as Gabapentin Hydrocodone, Tramadol, Ativan, Elavil and Wellbutrin. Treatment modalities have consisted of surgical interventions, 20 completed post-operative physical therapy for the shoulder, physical therapy to the elbow and knee (unknown number completed), epidural steroid injections (ESIs) to the cervical area, bilateral lumbar/caudal (12/12/2014), knee and right shoulder, psychiatric sessions and medication. The treating physician requested authorization for a thirty (30) day rental of a VascuTherm with wrap; and one transcutaneous electrical nerve stimulation (TEN's) with electrodes. On November 20, 2014 the Utilization Review denied certification for Thirty (30) day rental of a VascuTherm with wrap; one transcutaneous electrical nerve stimulation (TEN's) with electrodes. The Medical Treatment Utilization Schedule

(MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG) were utilized in the decision process.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Thirty-day rental of a Vascutherm with 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), Shoulder (Acute & Chronic) Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee chapter, DVT Prophylaxis

**Decision rationale:** According to the 11/10/2014 report, this patient presents with "cervical and lumbar spine pain." The current request is for 30 day Vascutherm with wrap but the treating physician's report and request for authorization containing the request is not included in the file. The patient's work status is "deferred to the primary treating physician." The Utilization Review denial letter states "There were no indications in the documentation of concerns for deep vein thrombosis." The MTUS and ACOEM Guidelines do not address DVT Prophylaxis unit; however, ODG Guidelines do address DVT Prophylaxis unit. ODG state "Current evidence suggests it is needed for inpatients undergoing many orthopedic-, general-, and cancer-surgery procedures and should be given for at least seven to 10 days. In addition, prolonged prophylaxis for four to five weeks also shows a net clinical benefit in high-risk patients and procedures." Review of the provided reports show no discussion of the patient is a high risk patient of DVT or the patient is undergoing a high risk procedure to warrant a 30 day use of the unit. In this case, the requested 30 day rental of the DVT Prophylaxis unit is not supported by the ODG guidelines. The request IS NOT medically necessary.

#### **One TENS with electrodes: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy trial Page(s): 114.

**Decision rationale:** According to the 11/10/2014 report, this patient presents with "cervical and lumbar spine pain." The current request is for 1TENS with electrodes. Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." Review of the provided medical records shows that the patient has neuropathic pain and there is no indication that the patient has trialed a one-month rental to

determine whether or not a TENS unit will be beneficial. The current request does not indicate if this request is for a one month trial or for purchase. Therefore, the request IS NOT medically necessary.