MAXIMUS Federal Services

Case Number:	CM14-0214378		
Date Assigned:	01/07/2015	Date of Injury:	08/28/2012
Decision Date:	03/03/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of August 28, 2012. In a Utilization Review Report dated November 18, 2014, the claims administrator failed to approve a request for DVT prophylaxis unit and associated Vascutherm cold compression device rental apparently dispensed on November 14, 2014. The applicant's attorney subsequently appealed. On October 7, 2014, the applicant reported persistent complaints of neck pain status post earlier failed cervical fusion surgery. The applicant was status post elbow surgery and had comorbidities including irritable bowel syndrome. The applicant was on Protonix, hydrochlorothiazide, Flexeril, Bentyl, Cymbalta, Flexeril, Norco, Allegra, losartan, Singulair, Metamucil, Protonix, valproate, Flonase, and Advair. The applicant was given a diagnosis of cervical pseudoarthritis and shoulder impingement syndrome. It was stated that the applicant was planning to pursue a C6-C7 cervical fusion surgery. In an RFA form dated October 11, 2014, the attending provider sought authorization for a DVT prophylaxis unit with intermittent limb therapy, 30-day rental. Authorization for a continuous cooling device was also sought. The attending provider stated that the surgery would last two to three hours and would take place under general anesthesia. On November 21, 2014, the applicant was placed off of work, on total temporary disability. The applicant had apparently undergone spine surgery and had been given Bactrim and doxycycline for suspected wound infection. The applicant was placed off of work. X-rays were endorsed. No visible drainage was noted about the incision. Flexeril and Norco were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT prophylaxis unit with intermittent limb therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines,Compression Garments

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, DVT prophylaxis and Orthopedic Surgery article

Decision rationale: Medscape notes that the American College of Chest Physicians (ACCP) does not recommend antithrombotic prophylaxis following electric spine surgery, as apparently transpired here. Here, there was no mention of the applicant's having risk factors such as previous DVT, history of blood dyscrasias, family history of DVT, etc., which would have compelled a variance from the guideline. The applicant was seemingly ambulatory as of postoperative office visits of November 21, 2014 and November 25, 2014. It did not appear that the DVT compression device at issue is indicated. Therefore, the request is not medically necessary.

Vascutherm cold compression therapy provided on 10/15/14 to 11/14/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: The Vascutherm device, per the product description, represents a form of cryotherapy device plus DVT prophylaxis device. As with the preceding request, the MTUS does not address the topic of postoperative DVT prophylaxis. However, Medscape notes that DVT prophylaxis is not recommended following elective spine surgery in applicants with no additional risk factors. Here, there was no evidence of any compelling applicant-specific risk factors such as a history of previous DVT, a personal history of blood dyscrasias, etc. which would have compelled provision of the DVT prophylaxis component of the request. Similarly, the cryotherapy component of the request was likewise not medically necessary.While the MTUS Guideline in ACOEM Chapter 8, Table 8-5, page 174 does recommend at-home local applications of heat and cold as methods of symptom control for applicants with neck and upper back complaints, as were present here, by implication, ACOEM does not support high-tech devices to deliver cryotherapy. The ACOEM Guidelines further noted that it takes a stronger position against such elaborate devices for delivering cryotherapy, exclusively noting that such devices are not recommended. Here, the attending provider did not furnish any compelling applicant-specific rationale, which would offset the unfavorable Medscape and ACOEM position on the article at issue. Therefore, the request was not medically necessary.

Thirty day extension of cold compression therapy provided from 11/15/14 to 12/14/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: Since the primary request for a Vascutherm purchase was deemed not medically necessary, the derivative or companion request for a 30-day extension of the same was likewise not medically necessary.

Full leg pneumatic appliance for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Deep Venous Thrombosis Prophylaxis and Orthopedic Surgery article

Decision rationale: The proposed full leg pneumatic appliance for purchase device is not medically necessary, medically appropriate, or indicated here. This is a derivative or companion request, one that accompanies the primary request for a DVT prophylaxis unit with intermittent limb therapy, which was deemed not medically necessary. Therefore, the request is not medically necessary.