

Case Number:	CM15-0118377		
Date Assigned:	06/26/2015	Date of Injury:	10/08/2008
Decision Date:	07/28/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/18/2015

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 55 year old male who sustained an industrial injury on 10/08/2008. Mechanism of injury occurred while he was lifting a heavy picnic and injured his low back and thumb. Diagnoses include pain in left upper limb, disorders of the bursae and tendon in the left shoulder region, thoracic sprain/strain injury, lumbosacral disc injury, thoracic disc injury, bilateral S1 lumbosacral radiculopathy, right thumb internal derangement, right thumb TFCC tear with superficial distal ulnar medial, extensor and carpal ulnaris disruption as well status post-surgical repair of the right thumb, status post repair of the right thumb at the level of A2 and A3 pulley, left elbow sub muscular ulnar nerve transposition on 03/20/2015, anxiety, depression and status post right knee surgery on 11/28/2012. Comorbid diagnoses include diabetes, high blood pressure and panic attacks. An Magnetic Resonance Imaging of the lumbar spine done on 04/21/2015 revealed severe degenerative changes at L4-L5 facet joints causing mild anterior displacement of L4 on L5, disc bulging throughout the lumbar spine but no significantly narrowing of the spinal canal. There is neural foraminal encroachment I minimal bilateral at L1-2 and L2-3, with moderate bilateral L3-4, and minimal at L4-5. Treatment to date has included diagnostic studies, mediations, home exercises, ice and heat applications, Transcutaneous Electrical Nerve Stimulation unit, cortisone injections, multiple surgeries, bracing, acupuncture, occupational therapy, physical therapy, and individual psychotherapy sessions. There is documentation that left elbow sub muscular ulnar nerve transposition was done on 03/20/2015. An occupational therapy note dated 05/11/2015 documents the injured worker complained of swelling and pain at the medial elbow. He felt numbness and tingling in the RF and SF when the

pain was high. He could not use his cane with the left hand. The injured worker had pain with use, and limited function of hand and arm. He rated his pain as 9 out of 10 at its worst and 6 out of 10 at its best, and the pain was constant. Treatment requested is for Retro Intermittent Limb Compression Device per 3/20/15, Retro Segmental Gradient Pneumatic Half Leg Left per 3/20/15, and Retro Segmental Gradient Pneumatic Half Leg Right per 3/20/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Intermittent Limb Compression Device per 3/20/15: 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 ODG, Venous Thrombosis, pages 356-358.

Decision rationale: The Limb compression device delivers pneumatic compression via calf wraps aiding venous return. During the weeks following surgery, mobility is an issue, making the vascultherm unit necessary in preventing any risk of DVT developing while being immobile for multiple hours at a time. Per manufacturer, the device provides DVT prophylaxis for lower limb post-operative orthopedic patients, not identified here. The provider does not identify any specific risk factors for DVT prophylaxis. Per Guidelines, although DVT prophylaxis is recommended to prevent veno-thromboembolism (VTE) for patient undergoing knee or hip arthroplasty, it is silent on its use for upper extremity and spinal surgery. Some identified risk factors identified include lower limb surgeries, use of hormone replacement therapy or oral contraceptives, and obesity, none of which apply in this case. Submitted reports have not demonstrated factors meeting criteria especially rehabilitation to include mobility and exercise are recommended post-operatively as a functional restoration approach towards active recovery. Submitted reports have not adequately demonstrated indication, clinical findings, post-operative complications, or co-morbidities to support the system beyond guidelines criteria. The Retro Intermittent Limb Compression Device per 3/20/15 is not medically necessary and appropriate.

Retro Segmental Gradient Pneumatic Half Leg Right per 3/20/15: 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 ODG, Venous Thrombosis, pages 356-358.

Decision rationale: The Limb compression device delivers pneumatic compression via calf wraps aiding venous return. During the weeks following surgery, mobility is an issue, making the vascultherm unit necessary in preventing any risk of DVT developing while being immobile for multiple hours at a time. Per manufacturer, the device provides DVT prophylaxis for lower limb post-operative orthopedic patients, not identified here. The provider does not identify any

specific risk factors for DVT prophylaxis. Per Guidelines, although DVT prophylaxis is recommended to prevent veno-thromboembolism (VTE) for patient undergoing knee or hip arthroplasty, it is silent on its use for upper extremity and spinal surgery. Some identified risk factors identified include lower limb surgeries, use of hormone replacement therapy or oral contraceptives, and obesity, none of which apply in this case. Submitted reports have not demonstrated factors meeting criteria especially rehabilitation to include mobility and exercise are recommended post-operatively as a functional restoration approach towards active recovery. Submitted reports have not adequately demonstrated indication, clinical findings, post-operative complications, or co-morbidities to support the system beyond guidelines criteria. As the Retro Intermittent Limb Compression Device per 3/20/15 is not medically necessary and appropriate; thereby, the Retro Segmental Gradient Pneumatic Half Leg Right per 3/20/15 is not medically necessary and appropriate.

Retro Segmental Gradient Pneumatic Half Leg Left per 3/20/15: 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 ODG, Venous Thrombosis, pages 356-358.

Decision rationale: The Limb compression device delivers pneumatic compression via calf wraps aiding venous return. During the weeks following surgery, mobility is an issue, making the vascultherm unit necessary in preventing any risk of DVT developing while being immobile for multiple hours at a time. Per manufacturer, the device provides DVT prophylaxis for lower limb post-operative orthopedic patients, not identified here. The provider does not identify any specific risk factors for DVT prophylaxis. Per Guidelines, although DVT prophylaxis is recommended to prevent veno-thromboembolism (VTE) for patient undergoing knee or hip arthroplasty, it is silent on its use for upper extremity and spinal surgery. Some identified risk factors identified include lower limb surgeries, use of hormone replacement therapy or oral contraceptives, and obesity, none of which apply in this case. Submitted reports have not demonstrated factors meeting criteria especially rehabilitation to include mobility and exercise are recommended post-operatively as a functional restoration approach towards active recovery. Submitted reports have not adequately demonstrated indication, clinical findings, post-operative complications, or co-morbidities to support the system beyond guidelines criteria. As the Retro Intermittent Limb Compression Device per 3/20/15 is not medically necessary and appropriate; thereby, the Retro Segmental Gradient Pneumatic Half Leg Left per 3/20/15 is not medically necessary and appropriate.