

Case Number:	CM15-0123231		
Date Assigned:	07/13/2015	Date of Injury:	04/20/2012
Decision Date:	08/12/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/25/2015

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, Pain Management

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(n) 53 year old male, who sustained an industrial injury on 4/20/12. He reported injury to his right elbow, mid and lower back and bilateral knees related to a fall. The injured worker was diagnosed as having cervical pain, thoracic pain, right shoulder impingement, left shoulder pain, right elbow lateral epicondylitis, left wrist carpal tunnel syndrome, lumbar pain and bilateral knee pain. Treatment to date has included a cervical MRI on 4/7/15 showing a 2mm disc bulge, a cervical epidural injection with no benefit and physical therapy. As of the PR2 dated 5/11/15, the injured worker reports ongoing neck and right arm pain. Objective findings include cervical radicular patterns across the C6 distribution and numbness across the C6 distribution on the right side. The treating physician recommended an anterior cervical discectomy and fusion at C5-C6. The treating physician requested DVT max and pneumatic compression wraps.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT max and pneumatic compression wraps: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3129495/>,

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3026105/>.

Decision rationale: Regarding the request for DVT max and pneumatic compression wraps, ACOEM and CA MTUS do not address the issue. A search of the National Library of Medicine identified that overall rates of diagnosed thromboembolism after spinal fusion appear low and patients who are undergoing spine surgery with a history of thromboembolic disease should be carefully monitored post-operatively and may benefit from more aggressive prophylaxis. Within the medical information made available for review, there is no indication that patient is at a high risk of developing venous thrombosis to warrant specialized DVT prophylaxis with pneumatic compression. In the absence of such documentation, the currently requested DVT max and pneumatic compression wraps are not medically necessary.