

Case Number:	CM13-0030464		
Date Assigned:	11/27/2013	Date of Injury:	09/30/2011
Decision Date:	02/19/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine & Emergency Medicine and is licensed to practice in Arizona. 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 physician 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:

This patient is a 59 year-old with a date of injury of 09/30/11. The mechanism of injury was described as a pulling injury that occurred when he slipped onto his outstretched arm. The most recent progress note dated 08/01/13 identified subjective complaints of pain and had not reached maximal medical improvement. Objective findings were unchanged and the patient was in a splint. Diagnostic studies showed ulnolunate impaction and suspected tear of the medial aspect of the TFCC. Plan was for surgical care. A Utilization Review determination was rendered on 09/23/13 recommending non-certification of a "pneumatic intermittent limb compression device".

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pneumatic intermittent limb compression device: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AACP and AAOS guidelines for postoperative VTE prophylaxis

Decision rationale: The MTUS Guidelines do not address the use of intermittent pneumatic compression (IPC) devices. Guidelines noted above recommend IPC devices for postoperative hip and knee surgery in patients at high risk of bleeding with pharmacologic prophylaxis. There is no recommendation for these devices post upper extremity surgery.