

Case Number:	CM13-0043302		
Date Assigned:	12/27/2013	Date of Injury:	04/02/2012
Decision Date:	03/12/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/31/2013

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 Occupational Medicine and is licensed to practice in California. 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain and ulnar neuropathy reportedly associated with an industrial motor vehicle accident of April 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; prior ulnar nerve transposition surgery; attorney representation; transfer of care to and from various providers in various specialties; elbow corticosteroid injection therapy; revision of the ulnar nerve release surgery on March 28, 2013; psychological counseling to treat postoperative posttraumatic stress disorder; muscle relaxant; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 5, 2013, the claims administrator denied a request for segmental gradient pressure pneumatic appliance, citing non-MTUS ODG Guidelines on lower extremity venous thrombosis. The applicant's attorney later appealed. Earlier clinical progress notes of August 13, 2013 and August 27, 2013 are notable for comments that the applicant is off of work, on total temporary disability. The applicant has persistent pain involving the elbow, neck, and shoulder with improved sensorium noted in the ulnar nerve distribution. The applicant is using Kenalog, Lortab, Neurontin, and Effexor. The applicant is depressed. Also reviewed is a March 28, 2013 revision ulnar nerve release surgery report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Segmental gradient pressure pneumatic appliance, half leg.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antithrombotic therapy for venous thromboembolic disease. American College of Chest Physicians evidence-based clinical practice guidelines (8th edition).

Decision rationale: The nature of the request was not clearly elaborated or expounded upon. Based on the documentation provided, this appears to represent a request for a mechanical prophylaxis device during the elbow surgery in question. As noted in [REDACTED] the need for deep venous thrombosis (DVT) prophylaxis is based on risk stratification. Higher risk individuals are those individuals who are of advanced age, are pregnant, have a history of inflammatory bowel disease, are smokers, have a history of prior DVT, and/or those individuals undergoing major orthopedic surgery such as a total knee replacement or total hip replacement. In this case, however, the applicant underwent a relatively minor elbow surgery (revision cubital release surgery). There is no mention of other risk factors for DVT, such as smoking, history of prior DVT, blood dyscrasias, etc. which would have made a case for DVT prophylaxis using purchase of the mechanical pneumatic compression device. Therefore, the device is retrospectively not certified.