

Case Number:	CM13-0044290		
Date Assigned:	03/28/2014	Date of Injury:	11/29/2011
Decision Date:	06/30/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/28/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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 patient is a 49-year-old female who reported an injury on 11/29/2011. The mechanism of injury was not stated. The patient is currently diagnosed with chronic pain syndrome, depression, anxiety, sleep disturbance, right lateral epicondylitis, chronic thoracalgia, right cubital tunnel syndrome, and adjustment disorder. This is a retrospective request for a DVT intermittent compression device issued on 10/15/2013. There were no physician progress reports submitted on the requesting date. The patient was seen by [REDACTED] on 10/16/2013. The patient reported improvement in functional capacity and mood. Objective findings included an improved mood with elbow tenderness and generalized axial spine tenderness. Treatment recommendations at that time included continuation of current medications, completion of a multidisciplinary pain program, and continuation of interferential stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for DVT intermittent compression device, DOS 10/15/13: 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) Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Compression Garments.

Decision rationale: There was no physician progress reports submitted on the requesting date. It is unknown whether the patient has recently undergone a surgical procedure. It is noted that the patient is status post right lateral epicondyle release in 10/2012 as well as right cubital tunnel release in 10/2012. Official Disability Guidelines state compression garments are not generally recommended in the shoulder. Deep vein thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery, but they are rare following upper extremity surgery. The medical necessity for the requested durable medical equipment has not been established. As such, the request is not medically necessary and appropriate.