

Case Number:	CM13-0045342		
Date Assigned:	12/27/2013	Date of Injury:	01/24/2011
Decision Date:	05/22/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery 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 claimant is a 66 year old male injured in a work related accident January 24, 2011. The clinical records for review indicate an injury to the upper extremities. There is documentation of a recent surgical process occurring on July 11, 2013 in the form of a left carpal tunnel release. The claimant is with a current diagnosis of serve right carpal tunnel syndrome for which the surgical process is being recommended. The request is for a retroactive use of a deep vein thrombosis compression device for utilization in the claimant's carpal tunnel procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO DVT INTERMITTENT COMPRESSION DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212- 214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Procedure, Vasopneumatic Devices.

Decision rationale: The California MTUS Guidelines are silent when looking at the Official Disability Guidelines criteria compression device for deep vein thrombosis would not be indicated. The clinical records do not indicate the claimant to be at a significant risk for

venothrombolytic event given the surgical process of a carpal tunnel release procedure. The retroactive use of this vasocompressive device does not be supported or medically necessary per the clinical records reviewed.