

Case Number:	CM14-0007740		
Date Assigned:	02/10/2014	Date of Injury:	09/26/2012
Decision Date:	06/25/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/21/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 59-year-old female who reported an injury on 09/26/2012. The injured worker underwent a carpal tunnel surgery on 10/14/2013. The documentation indicated that there was a request for a pneumatic intermittent compression device, deep vein thrombosis (DVT) on 10/14/2013. The diagnosis was carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PNEUMATIC SEQUENTIAL DEVICE DURING THE CARPAL TUNNEL PROCEDURE (DATE OF SERVICE: 10/14/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cigna Government Services, Region D DMERC, Local Medical Review Policy; Acta Chir Scand. 1985;151 (3):245-8; and the Official Disability Guidelines: Forearm, Wrist, and Hand Chapter: Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Venous Thrombosis

Decision rationale: The Official Disability Guidelines indicate that it is recommended to identify injured workers who are at high risk for developing venous thrombosis and to provide

prophylactic measures, such as the consideration for anticoagulation therapy. The clinical documentation submitted for review failed to indicate a documented rationale for the necessity of a pneumatic sequential device. There was a lack of documentation indicating that the injured worker was at risk for deep vein thrombosis. Given the above, the request for the pneumatic sequential device during the carpal tunnel procedure is not medically necessary.