

Case Number:	CM14-0102840		
Date Assigned:	07/30/2014	Date of Injury:	10/26/2010
Decision Date:	10/03/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/03/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 44-year-old individual was reportedly injured on October 26, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 19, 2014, indicated that there were ongoing complaints of elbow pain. The physical examination demonstrated tenderness to palpation over the right lateral elbow. Diagnostic imaging studies were not presented for review. Previous treatment included lateral epicondylectomy, physical therapy, multiple medications and pain management interventions. A request had been made for mechanical compression device and was not certified in the pre-authorization process on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mechanical compression device and sleeves for VTE prophylaxis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Jt Comm J Qual Patient Saf. 2011 Apr;37(4): 178-93

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 updated August, 2014

Decision rationale: It is noted this device is not addressed in the MTUS or ACOEM guidelines. However, since compression may be indicated if there is a clinical indication or predisposing factors relative to the upper extremity. Based on the clinical information presented for review, there was no indication for or predisposition for deep vein thrombosis. Therefore, there is no clinical indication for a vascultherm device.