MAXIMUS Federal Services

Case Number:	CM14-0103070		
Date Assigned:	09/24/2014	Date of Injury:	08/05/2004
Decision Date:	10/24/2014	UR Denial Date:	06/17/2014
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 Family 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 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:

This is a 59-year-old who reported an industrial injury on August 5, 2004, over ten years ago, attributed to the performance of her usual and customary job tasks. The patient complained of carpal tunnel syndrome, trigger finger, and cubital tunnel symptoms. Electrodiagnostic studies to the bilateral upper extremity were interpreted as normal. The patient was authorized for a left cubital tunnel and carpal tunnel release. DME in the form of a sling and a pneumatic compression unit purchase were prescribed. The pneumatic intermittent compression device was dispensed on May 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic intermittent compression device, provided on May 29, 2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA

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-arthroscopy with subacromial decompression; venous thrombosis; compression garments Other Medical Treatment Guideline or Medical Evidence: general disciplinary guidelines for the practice of medicine

Decision rationale: The operative pneumatic intermittent compression unit or DVT sequential unit was not demonstrated to be medically necessary over the available bilateral lower extremity wrapping for the operative procedure of cubital tunnel release and carpal tunnel release. The ODG recommends monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subject who are at high risk of developing venous thrombosis and providing prophylactic measures, such as, consideration for anticoagulation therapy. The risk of DVD (deep venous thrombosis) formation for elbow and wrist procedure is less than in the knee and relative risk depends on the invasiveness of the surgery; the postoperative immobilization; and the use of central venous catheters. The requesting provider did not demonstrate that the patient was at high risk for DVT. There is no demonstrated evidence that the patient is unable to utilize lower extremity wraps or hose. There is no demonstrated medical necessity for the dispensed pneumatic intermittent compression unit as prescribed. It is noted that the invasiveness of the surgical procedure to the elbow and wrist would be low, and thus, the risk for DVT is low. There was no rationale provided by the requesting provider to support the medical necessity of the DVT/pneumatic intermittent compression unit. Therefore, the request for pneumatic intermittent compression device, provided on May 29, 2014, is not medically necessary or appropriate.