

Case Number:	CM14-0012964		
Date Assigned:	02/24/2014	Date of Injury:	12/30/2010
Decision Date:	06/30/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/31/2014

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 & 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:

According to the records made available for review, this is a 43-year-old male with a 12/30/10 date of injury, and right elbow lateral epicondylar release/Nirschl type procedure 10/21/13. At the time (11/27/13) of request for authorization for sequential compression device rental x 1 day and sleeves x 2 purchase, there is documentation of subjective (increase in swelling of the right elbow and pain) and objective (3-4 inch scar in the right lateral epicondyle) findings, current diagnosis (right elbow lateral epicondylitis), and treatment to date (surgery and medications). There is no documentation of patient with moderate, high, or very risk for DVT.

IMR ISSUES, DECISIONS AND RATIONALES

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

SEQUENTIAL COMPRESSION DEVICE RENTAL X 1 DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Venous Thrombosis; and <http://emedicine.medscape.com/article/1268573-overview#aw2aab6b3>

Decision rationale: risk of developing venous thrombosis, as criteria necessary to support the medical necessity of DVT prevention system. Medical Treatment Guideline necessitates

documentation of patient with moderate, high, or very risk for DVT to support the medical necessity of mechanical methods for reducing the incidence of DVT (include passive devices, such as graduated compression (elastic) knee or thigh-high stockings (GCS); active (external pneumatic compress or intermittent pneumatic compression [IPC]) devices; or venous foot pumps (VFP)). Within the medical information available for review, there is documentation of a diagnosis of right elbow lateral epicondylitis. In addition, there is documentation of right elbow lateral epicondylar release/Nirschl type procedure 10/21/13. However, there is no documentation of patient with moderate, high, or very risk for DVT. Therefore, based on guidelines and a review of the evidence, the request for sequential compression device rental x 1 day is not medically necessary.

SLEEVES X 2 PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Venous Thrombosis; and <http://emedicine.medscape.com/article/1268573-overview#aw2aab6b3>

Decision rationale: MTUS does not address this issue. ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of DVT prevention system. Medical Treatment Guideline necessitates documentation of patient with moderate, high, or very risk for DVT to support the medical necessity of mechanical methods for reducing the incidence of DVT (include passive devices, such as graduated compression (elastic) knee or thigh-high stockings (GCS); active (external pneumatic compress or intermittent pneumatic compression [IPC]) devices; or venous foot pumps (VFP)). Within the medical information available for review, there is documentation of a diagnosis of right elbow lateral epicondylitis. In addition, there is documentation of right elbow lateral epicondylar release/Nirschl type procedure 10/21/13. However, there is no documentation of patient with moderate, high, or very risk for DVT. Therefore, based on guidelines and a review of the evidence, the request for sleeves x 2 purchase is not medically necessary.