

Case Number:	CM14-0017318		
Date Assigned:	04/14/2014	Date of Injury:	12/12/2012
Decision Date:	05/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/11/2014

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 Practice and is licensed to practice in Texas and Mississippi. 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 39-year-old male who reported an injury on 12/12/2012, while loading the trunk of a patrol unit. Current diagnoses include lesion of the ulnar nerve, status post scapholunate debridement and pinning with residual stiffness, and right cubital tunnel syndrome. The injured worker was evaluated on 01/16/2014. The injured worker reported persistent pain with intermittent numbness and tingling in the right upper extremity. Physical examination revealed tenderness at the dorsal scapholunate interval of the right wrist, limited range of motion, and positive Tinel's testing at the ulnar nerve on the right. Treatment recommendations at that time included authorization for an ulnar nerve decompression at the right elbow with medial epicondylectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF DEEP VEIN THROMBOSIS COMPRESSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 & Hand, Vasopneumatic devices.

Decision rationale: The Expert Reviewer's decision rationale: Official Disability Guidelines state vasopneumatic devices are recommended as an option to reduce edema after acute injury. There is no indication that this injured worker is at high risk of developing a venous thrombosis following surgical intervention. The medical necessity for the requested durable medical equipment has not been established. As such, the request for purchase of deep vein thrombosis compression is not medically necessary.