

Case Number:	CM14-0132561		
Date Assigned:	08/22/2014	Date of Injury:	06/28/2011
Decision Date:	10/08/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/19/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 38-year-old female, who reported an injury on 06/28/2012 due to unspecified mechanism of injury. The injured worker had a history of right hand/wrist and right elbow pain. The injured worker had diagnoses of pain in joint hand, pain in joint forearm, and carpal tunnel syndrome. The past surgical procedures included a left carpal tunnel release dated 10/23/2013. The past treatments included physical therapy, medication, and injections. The MRI of the left hand revealed essentially unremarkable. The physical examination, dated 03/09/2014, of the right hand revealed no swelling. Upon palpation, the wrists were nontender to palpate. Range of motion at the wrist was within normal limits. Range of motion of the hands was within normal limits. Motor examination was 5/5. The Tinel's sign, Phalen's sign, and Finkelstein's maneuver were all negative bilaterally. The sensory examination revealed mild decreased sensation in the median nerve distribution bilaterally, left greater than right. The grip strength was measured with the Jamar dynamometer. Measurements were 12, 11, 10 to the right and 10, 11, 9 to the left. The treatment plan included an intermittent limb compression device. The request for authorization dated 0822/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT (deep vein thrombosis) Intermittent Limb Compression Device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg regarding Venous Thrombosis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg Complaints, compression stockings.

Decision rationale: The request for a DVT Intermittent Limb Compression Device is not medically necessary. The California MTUS/ACOEM does not address. The Official Disability Guidelines indicate that there is good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. The clinical notes indicate that the injured worker is 3+ months postoperative. The guidelines indicate that levels of compression stockings are effective in management of telangiectases or sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis. The clinical note did not indicate that the injured worker had any diagnosis of the above. The request did not address the location of the body needing the compression device. As such, the request is not medically necessary.