

Case Number:	CM14-0153353		
Date Assigned:	09/23/2014	Date of Injury:	11/01/2011
Decision Date:	10/24/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/19/2014

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 Physical Medicine and 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:

The injured worker is a 52-year-old male who reported an injury on 11/01/2011. The mechanism of injury was not provided. On 05/13/2014, the injured worker presented with quite significant improvement in the left shoulder and pain and range of motion. There were no symptoms noted in the right shoulder. Diagnoses were right rotator cuff tear, status post left arthrosis, bilateral carpal tunnel syndrome, both knee arthroscopic residual meniscal tear, right knee sprain/strain, and left hip sprain/strain. Upon examination, there was decreased pain in intensity and frequency and decreased medication intake. There was increased strength and mobility and significantly improved symptoms in the left shoulder. Prior therapy included physical therapy, surgery, and medications. The provider recommended 1 deep vein thrombosis (DVT) pneumatic compression wrap. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One deep vein thrombosis (DVT) pneumatic compression wrap: 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), Knee and Leg Chapter

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, Compression garments.

Decision rationale: The request for a deep vein thrombosis DVT pneumatic compression wrap is not medically necessary. The Official Disability Guidelines state that compression wraps are recommended. There is good evidence for the use of compression, but little is known about dosimetry and compression, for how long and at what level the compression should be applied. There is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome after a first time proximal deep venous thrombosis. The findings of the study did not support wearing of elastic compression stockings after DVT. The provider's rationale for recommending a compression wrap was not provided. Additionally, the site of which the compression wrap was indicated for was not provided in the request as submitted. As such, medical necessity has not been established.