

Case Number:	CM14-0161834		
Date Assigned:	10/07/2014	Date of Injury:	06/04/2013
Decision Date:	12/11/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/02/2014

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 Emergency 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:

The injured worker is a 52-year-old female who reported an injury on 06/04/2013. The mechanism of injury was cumulative trauma. Her diagnoses included bilateral lateral epicondylitis, bilateral carpal tunnel syndrome, bilateral carpometacarpal arthritis, bilateral volar ganglion cyst, and neck pain. Her past treatments have included physical therapy, medications, and cortisone injections. The clinical documentation submitted indicated a magnetic resonance imaging of the left wrist, conducted on 09/20/2013, which revealed mild enlargement of the median nerve, multiple small volar ganglion cysts, and early carpometacarpal arthritis from multiple cysts in the carpal bones. Her surgical history included left carpal tunnel release on 05/05/2014. At a physical examination on 04/09/2014, the injured worker complained of sharp pain in the neck, elbows, wrists, and hands rated 6/10 to 7/10. Upon examination of the wrist, the injured worker was noted to have full range of motion. Tenderness was noted over the volar wrist bilaterally with a positive Phalen's and carpal compression test bilaterally. The injured worker's medications included Naproxen, Paxil, Voltaren gel, and Duexis. The treatment plan was for a scheduled left carpal tunnel release with possible ganglion cyst excision on 05/05/2014; continued home exercise program and medications; and the injured worker was to remain off work. The rationale for the request was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent limb comp device and sleeves DOS: 05/05/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Integrated Treatment/Disability Guidelines: Knee & Leg (Acute & Chronic) updated 11/30/2012

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Compression Garments

Decision rationale: The request for intermittent limb compression devices and sleeves, date of service 05/05/2014, is not medically necessary. The injured worker had left carpal tunnel syndrome. The Official Disability Guidelines state that deep venous thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery, but they are rare following upper extremity surgery. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/pulmonary embolism despite the rare occurrence of developing a pulmonary embolism. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. The documentation submitted for review did not include a preoperative workup indicating that the injured worker had risk factors for developing deep venous thrombosis or pulmonary embolisms. As such, the request for intermittent limb compression device and sleeves, date of service 05/05/2014, is not medically necessary.