

Case Number:	CM14-0169887		
Date Assigned:	10/20/2014	Date of Injury:	08/16/2012
Decision Date:	11/20/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/14/2014

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 Geriatrics and is licensed to practice in New York. 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 35 year old woman with a date of injury of 8/16/12. She is status post right wrist ulnar osteotomy shortening, arthroscopic synovectomy and open triangular fibrocartilage complex repair on 10/25/13. She was last seen by her primary treating physician with continued left wrist pain with weakness. She did report increased range of motion in the wrist since undergoing aquatic exercises on her own. Her exam showed a well healed incision and decreased grip strength. She had increased range of motion in the wrist as compared to previously. Her diagnoses were carpal tunnel syndrome, shoulder sprain/strain, elbow/wrist tendonitis/bursitis. At issue in this review is usage of intermittent limb comp device (DOS 11/06/2013).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Usage of Intermittent Limb Comp Device (DOS 11/06/2013): 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) - Treatment in Workers' Compensation (TWC), Cold Compression Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: Prevention of Venous Thromboembolic Disease in Surgical Patients.

Decision rationale: The injured worker is a 35 year old woman with a date of injury of 8/16/12. She is status post right wrist ulnar osteotomy shortening, arthroscopic synovectomy and open triangular fibrocartilage complex repair on 10/25/13. At issue in this review is the retrospective request for usage of intermittent limb comp device (DOS 11/06/2013). Intermittent pneumatic compression is used as an alternative for venous thromboembolism prevention in those with a high risk of bleeding or in whom anticoagulation is contraindicated. However, data supporting the use of this for the prevention of venous thromboembolism in surgical patients is limited. This worker has no documented history of a contraindication to anticoagulation and is not at high risk given her arthroscopic surgery. As such, this request is not medically necessary.