

<b>Case Number:</b>	CM14-0184237		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 46-year-old male who reported an injury on 03/17/2014. The patient was diagnosed with right chronic wrist pain, right De Quervain's disease, right median neuropathy: Carpal tunnel. The patient has undergone Kenalog injection to the 1 st dorsal compartment on the right and physical therapy for both wrists. Diagnostic studies included x-rays of both wrists which revealed no evidence of fractures. In 04/2014, a CT scan of the right wrist was completed, which showed evidence of abnormality/fracture. Electrodiagnostic studies of the bilateral upper extremities were also completed, which revealed bilateral carpal tunnel syndrome, right side worse than left side. Per documentation there was an MRI assisted arthrogram of the right wrist, on 08/27/2014, which revealed type 2 hamatolunate articulation with arthrosis involving the articular facet of the hamate. There was subchondral cystic change and marrow edema within the hamate articular facet and in those findings suggested hamatolunate arthrosis/abutment and could be associated with ulnar sided wrist pain; normal ligaments and tendons without tear. There is a progress note dated 09/26/2014 which states that the patient had complaints of increased pulsating pain on the top side of the right wrist, mostly at night; morning sharp pain in the right forearm/elbow. He had trouble with gripping and grasping with the right hand. There was decreased range of motion of the right wrist and occasional numbness of the right long and ring fingers; more frequent soreness on the top side of the left wrist; and anxiety. The plan included a request for DVT max and supplies, TENS unit and supplies. There is a 10/15/14 document that states that the patient underwent a right wrist arthroscopy both diagnostically and for debridement and synovectomy. This surgery has been scheduled to be done on 10/22/14. The patient was recommended right wrist arthroscopic surgery, debridement and synovectomy and surgery has

been scheduled to be done on 10/22/14 under general anesthesia. The patient was noted to have elevated blood pressure but otherwise stable and clear for surgery.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**DVT Max and Supplies:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compression garments. Other Medical Treatment Guideline or Medical Evidence:  
<http://www.abrexis.com/dvt-prevention/dvt-max>

**Decision rationale:** DVT Max and supplies are not medically necessary per the ODG Guidelines. The MTUS guidelines do not address the DVTmax. The website for DVT max states that the DVTmax unit provides complete compression therapy approved for Deep Vein Thrombosis Prophylaxis, Edema, Lymphedema and Venous Insufficiency. The ODG does not address compression therapy for the forearm/hand. The ODG does address shoulder compression garments. The ODG states that compression garments are not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. 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 following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathy risk factors. The documentation does not indicate evidence of high risk of venous thrombosis or lymphedema or other risk factor to make the DVT Max medically necessary. Additionally it is unclear why this device would not be rented prior to purchasing. For all these reasons the request for DVT Max and Supplies are not medically necessary.

**TENS Unit and Supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** TENS Unit and Supplies is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation does not indicate evidence of a

one month trial with documented outcomes of use as well as pain relief/functional improvement on TENS use. The request for TENS Unit and Supplies is not medically necessary.