

Case Number:	CM14-0024215		
Date Assigned:	06/11/2014	Date of Injury:	07/01/1991
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/26/2014

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 Orthopedic Surgery, 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 patient sustained a work related injury on July 1, 1991. She had left carpal tunnel syndrome and left ulnar neuropathy. She failed conservative management. She had left carpal tunnel release and left ulnar nerve release in January 2014. At issue is whether DVT (deep vein thrombosis) intermittent compression device to be worn the lower extremities is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR DVT COMPRESSION DOS: 1/9/14/: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The Official Disability Guidelines do not identify upper extremity and hand surgical procedures as high risk procedures for developing DVT. The records do not show that the patient has risk factors that suggest that the patient at high-risk for developing DVT postoperatively. Therefore, the use of sequential compression stockings and other DVT

prophylactic devices are not necessary. The retrospective request for DVT compression, provided on January 9, 2014, is not medically necessary or appropriate.