

<b>Case Number:</b>	CM14-0024363		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 regarding his right upper extremity. The utilization review dated 02/19/14 resulted in a denial for the use of a pneumatic compression device as no information had been submitted regarding the injured worker being at risk for deep vein thrombosis. The clinical note dated 02/11/14 indicates the injured worker having previously undergone an irrigation and debridement at the right hand. The injured worker has also undergone a right shoulder arthroscopic surgery. The injured worker reported ongoing neck pain radiating to the right trapezius region. The operative report dated 11/15/13 indicates the injured worker undergoing the incision and drainage as well as a debridement at the right hand. The injured worker also underwent the application of a volar splint. The clinical note dated 11/14/13 indicates the injured worker showing no jugular venous distention. No hypertrophy was identified at the accessory neck muscles. The injured worker was able to demonstrate a regular rate and rhythm without murmurs, gallop, or click. The abdomen was identified as being soft and non-tender without masses.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PNEUMATIC COMPRESSION DEVICE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Scottish Intercollegiate Guidelines Network (SIGN), prevention and management of venous thromboembolism. A national clinical

guidelines. Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN); 2010 Dcc. 101p. (SIGN publication); no.122.

**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 Chapter, Venous thrombosis.

**Decision rationale:** The request for a pneumatic compression device is non-certified. The documentation indicates the injured worker having undergone a right shoulder and a right wrist operative procedure. A pneumatic device is indicated for injured workers who are at risk for deep vein thrombosis. No information was submitted regarding the injured worker's potential for deep vein thrombosis (DVT). Additionally, no ultrasound studies were submitted confirming the possibility of a deep vein thrombosis (DVT). Therefore, the request is not fully indicated.