

Case Number:	CM14-0031324		
Date Assigned:	06/20/2014	Date of Injury:	06/27/2011
Decision Date:	07/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/12/2014

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 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 55-year-old female who reported an injury on 06/22/2011. The mechanism of injury was not provided within the documentation. The injured worker was noted to have had prior treatments of physical therapy and epidural steroid injections. The injured worker's diagnoses were noted to be elbow arthropathy and carpal tunnel syndrome. The injured worker had a physical exam on 12/16/2013. Her subjective complaints were pain and swelling in the right lateral epicondylar region. She noted pain and swelling in the right wrist. The objective findings included limited range of motion of the right elbow. She had tenderness to palpation over the lateral right elbow. She had tenderness over the left lateral epicondylar region. The treatment plan included starting Vicodin, Neurontin, and continuing Voltaren gel. The provider's rationale for the requested DVT compression sleeves was not provided within the documentation. The request for authorization for medical treatment was submitted with this review and dated 01/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT (DEEP VENOUS THROMBOSIS) COMPRESSION SLEEVES # 2 (RETROSPECTIVE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cigna Government Services, Region DDMERC, Local Medical Review Policy , General coverage Criteria.

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 DVT (deep venous thrombosis) compression sleeves #2 (retrospective) is non-certified. The Official Disability Guidelines indicate 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 and pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. The injured worker does not have any clinical documentation to indicate a high risk for deep vein thrombosis or pulmonary embolism. The guidelines do not recommend compression garments for upper extremities. The provider's rationale was not provided for this request. Therefore, the request for DVT (deep venous thrombosis) compression sleeves #2 (retrospective) is non-certified.