

<b>Case Number:</b>	CM14-0034399		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/17/2011
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Illinois. 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 54 year old male who reported an injury on 03/17/2011 after getting his hands caught in a blender machine. The injured worker had a history of pain to the right and left hand including fingers to the left hand pain rated 6-8/10 using the VAS scale. The injured worker had a diagnosis of carpal tunnel syndrome, amputation of the right index, middle ring and small digits to the right hand. The injured worker recently had surgery on the left hand for his trigger finger. The physical examination is centered to the upper extremities and reveals right hand with slight edema and purplish discoloration, gait with in normal limits. The medications include pravastin 40 mg, paroxetine 30 mg, temazepam 15mg, hydrocodone 325mg, gabapentine 300mg, gralise 600mg with no route, dosage or frequency given. Treatment plan includes medications. The authorization dated 06/20/2014 was submitted in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DME for DOS: 1/20/14: Triple Play DVT-E0650 Pneumatic compressor, non segmental x 1 day rental:** 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)- Integrated Treatment/Disability Duration Guidelines updated (1/29/13) DVT.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic).

**Decision rationale:** The Official Disability Guidelines recommend identifying subjects who are at high risk of developing venous thrombosis. The risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. Recommended for injured workers who have undergone major orthopedic surgery such as hip or knee replacement, extending post-surgery use of medications, from the standard 7-10 days to 28 days or longer, to prevent blood clots may be beneficial. The documentation provided indicates that the injured worker had minor surgery and was not evident of any complication indicating need for pneumatic compressor. As such the request for Retrospective Durable Medical Equipment for 01/20/2014 Triple Play Deep Vein Thrombosis- E 650 Pneumatic Compressor, non-segmental times 1 day rental is not medically necessary.

**Retrospective DME for DOS: 1/20/14: Segmental gradient pressure pneumatic appliance, half leg x2 for purchase:** 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)- Integrated Treatment/Disability Duration Guidelines updated (1/29/13).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic).

**Decision rationale:** The Official Disability Guidelines recommend identifying subjects who are at high risk of developing venous thrombosis. The risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. Recommended for injured workers who have undergone major orthopedic surgery such as hip or knee replacement, extending post-surgery use of medications, from the standard 7-10 days to 28 days or longer, to prevent blood clots may be beneficial. The documentation provided indicates that the injured worker had minor surgery and was not evident of any complication indicating need for pneumatic compressor. As such the request for Retrospective Durable Medical Equipment for 01/20/2014 Segmental Gradient Pressure Pneumatic Appliance, Half Leg times 2 for purchase is not medically necessary.