

Case Number:	CM14-0035417		
Date Assigned:	07/30/2014	Date of Injury:	12/22/2011
Decision Date:	08/29/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 51-year-old female who reported an injury on 12/12/2011 due to an unspecified mechanism of injury. On 09/12/2013 she reported numbness and tingling in the left arm, dorsal left wrist pain and motion of the middle finger that caused discomfort. A physical examination of the left median nerve revealed positive Tinel's, positive direct compression, positive Phalen's of the left median nerve. There was tenderness at the left 3rd CMC boss with a palpable boss. There was no extensor tendon subluxation; however, there was tenderness with resisted finger extension of the left middle finger. Diagnostic studies were not provided for review. Surgical history included a left endoscopic carpal tunnel release, left 3rd finger extensor tenosynovectomy and left 2nd and 3rd carpometacarpal boss excision performed on 09/25/2013. Medications included Norco, herbal medications and vitamins. Past treatment included medications and surgery. The treatment plan was for intermittent limb compression device rental of 1 day. The Request for Authorization form was signed on 09/25/2013. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent Limb Compression Device Rental 1 day: 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), Treatment Index, 12th Edition (web), 2014, Knee and Leg Compression Garments.

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, Compression Garments.

Decision rationale: The injured worker was noted to have undergone surgery to the left extremity on 09/25/2013. The California MTUS ACOEM Guidelines do not address this topic. The Official Disability Guidelines (ODG) state that compression garments are recommended with good evidence for the use of compression, but little is known about dosimetry and compression. Compression stockings are effective in the management of telangiectasis after sclerotherapy, varicose veins in pregnancy and the prevention of edema and deep vein thrombosis. Based on the clinical information submitted for review, the injured worker had undergone surgery on 09/25/2013 to the left upper extremity. However, a rationale for the use of an intermittent limb compression device was not provided and is unclear. In addition, the requesting physician did not state which extremity the compression device would be applied to and there was no evidence showing that an intermittent compression device would be medically necessary. Without a clear rationale for the use of the device and evidence indicating medical necessity, the request would not be supported. Given the above, the Intermittent Limb Compression Device Rental 1 day is not medically necessary.