

<b>Case Number:</b>	CM14-0040908		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	10/06/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 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:

23-year-old male claimant with reported industrial injury of October 6, 2012. Exam note from August 26, 2013 demonstrates left wrist pain. The claimant describes difficulty lifting and squeezing secondary to pain. Examination demonstrates the TFCC is tender to palpation. Ulnar deviation and TFCC loading reproduces discomfort. Exam note from December 9, 2013 demonstrates ongoing difficulties with the left wrist. Report is made of an occasional click in the wrist as he moves the wrist in a circular motion. Physical exam demonstrates mild edema on her wrist. Wrist examination shows negative Watson's and s increased with altered deviation loading as well as extremes of pronation and Shuck tests. There is tenderness to palpation at the TFCC. Operative note from 1/9/2014 demonstrates a left TFCC repair, left ulnar-shortening osteotomy with bone graft.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT Intermittent Compression Device Rental \$1,175/each 1 pc., left wrist pre-dispensed:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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, Venous thrombosis.

**Decision rationale:** CA MTUS/ACOEM and ODG Forearm, Wrist and Hand are silent on the issue DVT intermittent compression device for wrist surgery. Alternative guidelines were therefore sought. According to the ODG Knee and Leg, Venous Thrombosis, it is recommended to identify subjects at high risk of developing venous thrombosis and provide prophylactic measures. The submitted documentation from does not demonstrate that the claimant is at increased risk of venous thrombosis to support the requested DME. Therefore the request is not medically necessary and appropriate.