

<b>Case Number:</b>	CM14-0064368		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/19/2008
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 29 year old female presenting with right hand pain following a work related injury on 2/19/2008. On 06/30/2014 the claimant complained of right hand weakness and pain. She is status post carpal tunnel release. According to the provider note, the claimant's main issue is strength and range of motion. The physical exam showed slight wrist/hand swelling, hives on the left forearm and the mid and low back. MRI of the left wrist from 4/25/2008 showed lobulated cystic lesion measuring 2.5x2.3x0.4cm volar to the distal radius, likely representing ganglion cyst, moderate extensor carpi ulnaris tendinosis at the level of the ulnar styloid with associated mild tenosynovitis. EMG of the left wrist showed median nerve entrapment at the wrist and ulnar nerve entrapment at the elbow. Left wrist arthrogram showed perforation of the lunotriquetral ligament, contrast media communicates between the midcarpal row and radiocarpal joint space through the lunotriquetral interspace, small ganglion cyst located adjacent to the volar aspect of the radiocarpal joint. The claimant was diagnosed with carpal tunnel syndrome status post carpal tunnel release, bilateral, disorder of tendon, SS TFCC/DRUJ status post distal R-U ligament reconstruction, left, tear intercarpal ligament status post L-T ligament repair, left and cubital tunnel syndrome status post ulnar nerve release with medial epicondylectomy, left. According to the medical records, the claimant was TTD (temporary total disability) and to remain off work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT intermittent pneumatic compression device, date of service 3/25/2014: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Academy of Orthopedic Surgeons, Deep Vein Thrombosis, Mechanical Prophylaxis.

**Decision rationale:** The ACOEM does not provide a statement on the requested device. The American Academy of Orthopedic Surgeons states the DVT pneumatic compression devices are generally combined with chemical prophylaxis in the postoperative setting designed to reduce venous stasis, in turn reducing the rate of DVT after joint arthroplasty. At the time the device was given on the date of service 3/25/2014, there was no documentation that the claimant was postoperative for joint arthroplasty or that the device was combined with a chemical prophylaxis for DVT; therefore the requested service is not medically necessary.