

<b>Case Number:</b>	CM14-0065625		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Physical Medicine & 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:

This patient sustained an injury on 9/7/12 while employed by [REDACTED]. Request(s) under consideration include RETRO Deep Vein Thrombosis (DVT)-Intermittent Pneumatic Compression Device Left Ulnar, Rental. Electrodiagnostic study of 9/26/13 showed mild median neuropathy/ CTS and mild to moderate left ulnar neuropathy at elbow segment. Report of 10/28/13 from the provider noted the patient with complaints of left arm numbness. Exam of the left arm showed slight tenderness at left tip index finger; left grip strength of 50/55/50 versus right side of 100/95/100; left small finger abductors of 2/5 with right side of 5/5. Diagnoses include left ulnar neuropathy and bilateral median nerve neuropathy. Operative report of 1/2/14 noted patient underwent left ulnar nerve decompression with partial medial epicondylectomy. Request(s) for RETRO Deep Vein Thrombosis (DVT)-Intermittent Pneumatic Compression Device Left Ulnar, Rental was non-certified on 4/11/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO Deep Vein Thrombosis (DVT)-Intermittent Pneumatic Compression Device Left Ulnar, 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 Shoulder, Venous Thrombosis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, pages 173.

**Decision rationale:** This patient sustained an injury on 9/7/12 while employed by [REDACTED]. Request(s) under consideration include RETRO Deep Vein Thrombosis (DVT)-Intermittent Pneumatic Compression Device Left Ulnar, Rental. Electrodiagnostic study of 9/26/13 showed mild median neuropathy/ CTS and mild to moderate left ulnar neuropathy at elbow segment. Report of 10/28/13 from the provider noted the patient with complaints of left arm numbness. Exam of the left arm showed slight tenderness at left tip index finger; left grip strength of 50/55/50 versus right side of 100/95/100; left small finger abductors of 2/5 with right side of 5/5. Diagnoses include left ulnar neuropathy and bilateral median nerve neuropathy. Operative report of 1/2/14 noted patient underwent left ulnar nerve decompression with partial medial epicondylectomy. Request(s) for RETRO Deep Vein Thrombosis (DVT)-Intermittent Pneumatic Compression Device Left Ulnar, Rental was non-certified on 4/11/14. Current DME for DVT intermittent pneumatic compression is requested for apparent ulnar nerve decompression and partial medial epicondylectomy procedure performed on 1/2/14. MTUS and ACOEM are silent on DME requested; however, ODG does state regarding pneumatic compression may be effective in patient undergoing hip or knee replacement post warfarin anti-coagulant therapy and has weak evidence lacking clinically significant differences in outcome of passive mobilization versus no intervention under the forearm, wrist, and hand chapter. Guidelines are silent on use of pneumatic compression as treatment for post shoulder arthroscopy. Submitted reports have not adequately demonstrated medical necessity for this DME without comorbidity. The RETRO Deep Vein Thrombosis (DVT)-Intermittent Pneumatic Compression Device Left Ulnar, Rental is not medically necessary.