

Case Number:	CM14-0066145		
Date Assigned:	07/14/2014	Date of Injury:	03/20/2012
Decision Date:	09/18/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/09/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] driver/unloader who has filed a claim for chronic low back pain, knee pain, wrist pain, and elbow pain reportedly associated with an industrial injury of March 20, 2012. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; cubital tunnel release surgery; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 21, 2014, the claims administrator retrospectively denied a request for an intermittent limb compression device apparently furnished during and/or surrounding an operation of November 5, 2013. The claims administrator cited Aetna Guidelines on pneumatic compression devices for venous insufficiency/stasis dermatitis, it is incidentally noted. The applicant's attorney subsequently appealed. On September 30, 2013, the applicant was described as having issues associated with chronic low back pain, knee pain, lumbar radiculopathy, cubital tunnel syndrome, and pelvic fracture. Authorization was sought for a cubital release surgery, pain management consultation, a pneumatic compression device, and SI joint block. The pneumatic intermittent compression device was apparently being furnished perioperatively. The duration of usage was not clear stated. In a May 16, 2013 progress note, the applicant's medication list included Norco, Motrin, and Prilosec. There was no mention of any medical issues or medical comorbidities on that occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic Intermittent Compression Device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna, Clinical Policy Bulletin: Intermittent Pneumatic Compression Devices, Number: 0500.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation British Elbow and Shoulder Society (BESS), VTE Guidelines for Shoulder and Elbow Surgery.

Decision rationale: The MTUS does not address the topic. As noted by the British Elbow and Shoulder Society (BESS), the level of venous thromboembolism risk following arthroscopic procedures and/or same day procedures such as the ulnar nerve release and transposition surgery which transpired here is "very low." The British Elbow and Shoulder Society does not recommend any venous thromboembolism prophylaxis in this context. In this case, it is further noted that the applicant did not have a significant past medical history. There was no mention of any comorbidities such as cancer, blood dyscrasias, and/or history of prior DVT (deep vein thrombosis) which would have made a case for the pneumatic intermittent compression device in question. Therefore, the request was not medically necessary.