MAXIMUS Federal Services

Case Number:	CM14-0073686		
Date Assigned:	07/16/2014	Date of Injury:	07/16/2013
Decision Date:	09/16/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/19/2014

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 Tennessee. 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 is a 51-year-old male with a 7/16/13 date of injury. The mechanism of injury was a shot gun wound to the left arm. According to a progress note dated 1/6/14, the patient complained of pain in the left arm and left elbow. He rated his pain at a 5-6 on a pain intensity scale of 0-10. Objective findings: JAMAR grip dynamometer strength readings revealed 50/48/48 kg on the right and 36/36/32 on the left, decreased sensation in the left ulnar distribution; x-ray examination of the left elbows revealed multiple shotgun pellets, 10, in the left arm. Diagnostic impression: shotgun wound to left arm, decreased hearing in left ear, sprain/strain of lumbar spine, ulnar nerve injury left arm. Treatment to date: medication management, home exercises, surgery for removal of foreign bodies in left arm.A UR decision dated 4/19/14 denied the request for mechanical compression device with sleeves. Guidelines note that compression garments/devices are not recommended in the upper extremities. There is no indication that the claimant was at high risk for the development of DVT and as guidelines are not supportive of the use of such devices for upper extremity surgery, the medical necessity of this request is not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of mechanical compression with sleeves for Venous Thromboembolism (VTE) prophylaxis (DOS: 01/16/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Chapter, Compression garments.

Decision rationale: CA MTUS does not address this issue. ODG states that compression garments are recommended and are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT); and at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. According to the reports reviewed, the patient's main injuries and complaints are the upper extremities. Guidelines do not support the use of compression garments for the upper extremities. There is no documentation of the need for DVT prophylaxis, prevention of edema, leg ulcers, or post-thrombotic syndrome in this patient. A specific rationale as to why this patient requires a compression garment was not provided. Therefore, the request for Retrospective review of mechanical compression with sleeves for Venous Thromboembolism (VTE) prophylaxis (DOS: 01/16/14) is not medically necessary.