MAXIMUS Federal Services

Case Number:	CM14-0091111		
Date Assigned:	07/25/2014	Date of Injury:	10/01/2013
Decision Date:	08/28/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/17/2014

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:

Per the records provided, this claimant had right elbow pain due to lifting a heavy battery. He was diagnosed with a full thickness biceps tendon rupture with retraction. He was seen in the emergency department and was placed in a sling and an MRI (magnetic resonance imaging) was arranged with follow-up with ortho. He saw the orthopedist on October 15, 2013. He took Norco for pain at night. He denies any medicines. He denies tobacco and has alcohol occasionally. There was a surgery for the right elbow biceps tendon tear done on November 9, 2013. It was alleged the patient was at high risk of developing deep venous thrombosis post surgery in records from November 8, 2013 as a result of the surgery, so the durable compressive equipment was requested. No risk factors however were cited. The records are also noteworthy for documentation of ample physical therapy. A work capacity evaluation was provided. An MRI of the joint from October 14, 2013 confirmed a full thickness tear and rupture of the biceps tendon. There was an FCE (functional capacity evaluation) from March 12, 2014. A copy of the employees job duties were provided. He works on company-owned vehicles and equipment. The claimant can safely pursue a heavy job physical demand level. There was a follow-up visit on February 18, 2014. They kept him on work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep vein thrombosis- intermittent pneumatic compression device: 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 Chapter and Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Venous Thrombosis.

Decision rationale: Per the ODG, compressive devices for post-surgical deep venous thrombosis prevention are recommended for subjects who are at a high risk of developing venous thrombosis. This claimant had none of the risk factors for developing the condition following this upper extremity surgery, including immobility, prothrombotic genetic variants, smoking, or that he was on hormonal medication. There further is no evidence of recent travel or long duration sitting, which again can be a risk factor. Furthermore, it must be said that the peer reviewed studies used which address deep venous thrombosis risk were for the lower extremities, and did not address upper extremity surgeries in their epidemiologic review. Without studies showing high risk for specifically elbow surgeries for deep venous thrombosis, and in the absence of risk factors for deep venous thrombosis, the request is deemed not medically necessary.