

<b>Case Number:</b>	CM14-0135831		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	02/14/2007
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 injured worker is a 43-year-old female who reported an injury on 02/14/2007. The mechanism of injury was a slip and fall. She had a history of lumbar back pain. On 04/24/2014, the injured worker was seen for knee, neck, shoulder, and lumbar back pain and numbness in the hand. Her biggest pain was in the midline between her scapula. It radiated to the right side of neck and to the top of the head. She rated the pain 8/10. Pain to both arms, wrist, and middle of the hand rated 7/10. The left hand had numbness and tingling in the fingers except the pinky. Pain was a 5/10 to 6/10. Medications included Vicodin, NSAIDs, and Cymbalta. The examination was within normal limits. The request is for a retrospective request for DVT intermittent limb compression device (DOS 5/5/2014). The Request for Authorization and rationale for request were not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for DVT Intermittent Limb Compression Device (DOS 5/5/2014):**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC

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

**Decision rationale:** The decision request for retrospective request for DVT intermittent limb compression device (DOS 5/5/2014) is not medically necessary. The injured worker has a history of pain to multiple body parts. The ODG state there is good evidence for use of compression but there is little known about dosimetry in compression, for how long of time it should be used, and at what level the compression should be applied. There is limited documentation noting that the injured worker has high risk for DVT. There is lack of documentation as to the body part the device is to be used on. There is lack of documentation as to the length of time the device is to be used. As such, the request for retrospective request for DVT intermittent limb compression device (DOS 5/5/2014) is not medically necessary.