MAXIMUS Federal Services

Case Number:	CM14-0202868		
Date Assigned:	12/15/2014	Date of Injury:	07/08/2009
Decision Date:	01/30/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/04/2014

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 Family Practice, 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 injured worker is a 56 year old male who was injured on 07/08/2009 when he slipped and fell on a wet floor. The submitted documentation consisted of physical therapy notes dated 8/8/14 to 8/27/14 that indicated pain and stiffness of hand with pain at incision site. The Utilization Review dated 11/12/2014 noted that the injured worker underwent a right endoscopic carpal tunnel release in 7/2014 (approximately) and a rotator cuff repair on 7/25/2014. The UR also noted that the worker was seen by physician on 6/12/2014 noting numbness/tingling/burning throughout the right hand with full range of motion in all digits of the right hand/wrist/elbow. The UR non-certified the retrospective request for segmental gradient pressure pneumatic appliance, half leg and pneumatic compressor, segmental home model because there was no documentation submitted regarding medical history, medications or anything regarding the shoulder surgery in the submitted documentation. PubMed.gov (venous thromboembolism prophylaxis in surgical patients) was cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for segmental gradient pressure pneumatic appliance half leg (DOS 07/25/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.pubmed.gov JT Comm J Qual Patient Saf.

2011 Apr; 37 (4): 178-83. Venous Thromboembolism Prophylaxis in Surgical Patients: Identifying a Patient Group to Maximize Performance Improvement. Weigelt JA, LalA, Riska R.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Deep Vein Thromboembolism (DVT) Prophylaxis

Decision rationale: According to the guidelines, DVT risk in hand or shoulder surgery is lower than the knee. DVT prophylaxis is not recommended during or after surgery (1/1000). In addition, there was no indication of prolonged edema requiring a pneumatic compression. The request above is not medically necessary.

Retrospective request for pneumatic compressor, segmental home model (DOS 07/25/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.pubmed.gov JT Comm J Qual Patient Saf. 2011 Apr; 37 (4): 178-83. Venous thromboembolism prophylaxis in surgical patients: Identifying a Patient Group to Maximize Performance Improvement. Weigelt JA, LalA, Riska R.

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

Decision rationale: According to the guidelines, DVT risk in hand or shoulder surgery is lower than the knee. DVT prophylaxis is not recommended during or after surgery (1/1000). In addition, there was no indication of prolonged edema requiring a home use for pneumatic compression. The request above is not medically necessary.