

Case Number:	CM14-0059798		
Date Assigned:	07/09/2014	Date of Injury:	03/31/2011
Decision Date:	05/01/2015	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	04/30/2014

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 54-year-old female, who sustained an industrial injury on 3/31/11. She reported initial complaints of neck and left upper extremity. The injured worker was diagnosed as having bilateral lateral epicondylitis; bilateral carpal tunnel syndrome. Treatment to date has included acupuncture; chiropractic care; physical therapy; status post right carpal tunnel release and ulnar nerve decompression (2006); status post left carpal tunnel release with ulnar nerve decompression transposition (2/3/2014); EMG/NCS upper extremities (6/17/11). The injured worker is status post left carpal tunnel release with ulnar nerve decompression and nerve transposition. She has been in physical therapy. The retrospective notes note the injured worker has fallen a couple of times and also has complaints of neck pain. There is limited medical documentation after the April 2014 date that would support medical necessity for the retrospective bilateral wrist mechanical compression device and sleeves for venous thromboembolic prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Bilateral Wrist Mechanical Compression Device and Sleeves for Venous Thromboembolic Prophylaxis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment / Disability Duration Guidelines (update 01/29/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- wrist, splints.

Decision rationale: The medical records do not indicate condition of fracture or other condition for which immobilization or thromboembolic prophylaxis is supported therapy. ODG guidelines support for most tasks splint use improved or did not change pain levels did not interfere with work performance, increased or maintained endurance, and did not increase perceived task difficulty. The findings suggest that wrist splint prescription is not a simple process; clinicians and clients need to work together to determine the daily wear pattern that maximizes benefit and minimizes inconvenience according to the client's individual needs. As the medical records do not identify goals of splints congruent with ODG, the records do not support medical necessity of the wrist compression device or sleeves. Therefore, the request is not medically necessary.