

Case Number:	CM15-0006144		
Date Assigned:	01/26/2015	Date of Injury:	06/11/2014
Decision Date:	03/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/12/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 a 51-year-old male who reported an injury on 06/11/2014. The mechanism of injury was due to assembling chairs and using a drill. On 01/08/2015, he presented for an orthopedic hand surgery consultation. He reported pain in the right wrist radiating up to the arm, increasing pain and crackling of the right wrist with cold weather, pulsating pain on the topside of the right wrist, limited range of motion of the right wrist, increasing pain in the right wrist with overuse, increasing pain in the right wrist on the thumb side with movement, and weakness of the right wrist and hand. A physical examination showed 5/5 strength and range of motion measurements in accordance with AMA Guides. There was slight tenderness to palpation over the lateral epicondyle and mobile wad and positive scars in the elbows and forearms. He had a positive cubital tunnel on the right. There was positive right Finkelstein's test to direct palpation of the first dorsal compartment of the right wrist and moderate to severe tenderness to palpation of the scaphoid and lunate. There was also slight to moderate compression test and palpation to the L-Tq at the dorsal and ulnar wrist examination on the right. He had a positive grind test and CMC 1 stress load in the right radial wrist. Range of motion was noted to be 50 degrees of extension, flexion to 45 degrees, right ulnar deviation to 20 degrees, and radial deviation to 10 degrees and strength was a 4/5. He was diagnosed with right wrist chronic pain of the radiocarpal, right de Quervain's disease, and status post left lateral epicondylar surgery. The treatment plan was for bilateral DVT calf cuffs with pump rental. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral DVT Calf Cuffs with Pump (rental): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, DME.

Decision rationale: The Official Disability Guidelines state that durable medical equipment is equipment that can withstand repeated use, can normally be rented, is not usually useful to a person in the absence of an illness or injury, and is appropriate for use in the injured worker's home. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the right wrist. However, there is a lack of documentation stating a clear rationale for the medical necessity of bilateral DVT calf cuffs with pump rental. The injured worker was not noted to be undergoing surgery and he was not noted to be at a risk for DVTs. Therefore, the request is not supported. As such, the request is not medically necessary.