

Case Number:	CM15-0105452		
Date Assigned:	06/09/2015	Date of Injury:	09/26/2014
Decision Date:	07/15/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/01/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (n) 58 year old female, who sustained an industrial injury on 9/26/14. She reported pain in her right shoulder, elbow and right upper extremity due to repetitive movement. The injured worker was diagnosed as having right carpal tunnel syndrome, right shoulder impingement and right upper extremity overuse. Treatment to date has included a right carpal tunnel release on 4/14/15, a right shoulder MRI, Tramadol, and Cyclobenzaprine. There is no documentation of previous complications from past surgeries or a cardiac diagnosis. There is no mention of the injured worker's mobility status as it relates to ambulation. As of the PR2 dated 4/16/15, the injured worker reports 5/10 pain in the right wrist/hand. Denies any fever or chills. Objective findings include no signs of infection or dehiscence. The treating physician requested a deep vein thrombosis (DVT) unit for use after surgery on 4/14/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective deep vein thrombosis (DVT) unit: 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), Shoulder (updated 05/04/15) - Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter Venous thrombosis.

Decision rationale: The patient presents with 5/10 pain in the right wrist/hand. The current request is for Retrospective deep vein thrombosis (DVT) unit. The treating physician states, in a report dated 04/15/15, "In addition, the following medical equipment was provided to the patient DVT calf wrap." (89B) The MTUS guidelines are silent on DVT Units and the ODG hand and wrist chapters have no specific guidance on DVT so the ODG Shoulder Chapter guidelines were used, which state, "Recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." In this case, the treating physician has documented the following surgeries were performed, right hand carpal tunnel release with median nerve decompression at the wrist, ulnar nerve decompression Guyon canal right wrist, and extensor/flexor tenosynovectomy. The treating physician is attempting to prepare the patient for post-operative rehabilitation, but in this case, does not provide any risk factors for perioperative thromboembolic complications. Vasopneumatic compressive devices are medically necessary for those patients who are unable to walk and are bedridden. There is no documentation that the patient will be bedridden. The current request is not medically necessary.