

<b>Case Number:</b>	CM15-0106542		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 39 year old female, who sustained an industrial injury on 8/21/2013. Diagnoses include medial epicondylitis elbow, cervical sprain/strain, pain in joint shoulder and carpal tunnel syndrome. Treatment to date has included surgical intervention (left shoulder arthroscopy 2/14/2015), medications including Tramadol, Naproxen, Prilosec and Ambien, injections and modified work. Per the Primary Treating Physician's Progress Report dated 1/02/2015, the injured worker reported left hand, left elbow, left shoulder and neck area. Physical examination revealed no change in shoulder range of motion. The plan of care included medications, bracing and diagnostic testing. Authorization was requested for intermittent compression and Venaflo calf cuff.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for intermittent limb compression #1 (DOS: 2/14/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, DME.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. Compression units are not necessary for DVT prevention when anticoagulants would suffice. The prescribed equipment does not meet the standards of DME per the ODG. Therefore, the request is not medically necessary.

**Retrospective request for venaflo calf cuff #2 (DOS: 2/14/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, DME.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. Compression units are not necessary for DVT prevention when anticoagulants would suffice. The prescribed equipment does not meet the standards of DME per the ODG. Therefore, the request is not medically necessary.