

Case Number:	CM15-0010507		
Date Assigned:	01/28/2015	Date of Injury:	02/01/2012
Decision Date:	04/13/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/19/2015

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

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 22 year old female who sustained a work related injury on February 1, 2012. There was no mechanism of injury documented. The injured worker underwent a right cubital tunnel release on July 24, 2014 followed by physical therapy and a home exercise program. According to the primary treating physician's progress report on July 16, 2014 the injured worker had paresthesia in the little and ring fingers of the right hand with improvement post-operatively. Current medications were not listed. The treating physician requested authorization for Retrospective request for mechanical compression device and sleeves (DOS: 7/24/14). On January 5, 2015 the Utilization Review denied certification for the Retrospective request for mechanical compression device and sleeves (DOS: 7/24/14). The Medical Treatment Utilization Schedule (MTUS), Chronic Pain and the American College of Occupational and Environmental Medicine (ACOEM) do not address the request therefore the Official Disability Guidelines (ODG) Treatment Index was used in the decision process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for mechanical compression device and sleeves (DOS: 7/24/14):

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 chapter, Venous Thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist & hand chapter, Vasopneumatic devices Shoulder chapter, Deep vein thrombosis.

Decision rationale: The patient presents with pain and weakness in her right upper extremity. The request is for RETRO MECHANICAL COMPRESSION DEVICE AND SLEEVES DOS 07/24/14. MTUS and ACOEM Guidelines are silent regarding the request. ODG guidelines, under Hand Chapter, recommend Vasopneumatic devices "as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling." ODG guidelines, under Shoulder chapter, states "Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. (Edgar, 2012) Although variability exists in the reported incidence of VTE, surgeons should still be aware of the potential for this serious complication after shoulder arthroplasty. (Saleh, 2013) Available evidence suggests a low incidence, but the final decision to consider thromboprophylaxis rests with the operating surgeon. (Madhusudhan, 2013)." In this case, the patient is s/p right cubital tunnel release on 07/24/14. The treater does not provide an explanation for the request. None of the reports indicate the patient's edema or swelling. There are no documentations showing possible risk factors for deep venous thrombosis/ pulmonary embolism, as required by guidelines. DVT prophylaxis is typically appropriate following surgeries that end up with a period of immobility. This patient has had upper extremity surgery without any period of immobility. The request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.