MAXIMUS Federal Services

Case Number:	CM15-0019453		
Date Assigned:	02/09/2015	Date of Injury:	04/04/2012
Decision Date:	04/01/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/02/2015

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: 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 52 year old female, who sustained an industrial injury on 4/4/2012. The current diagnoses are right carpal tunnel syndrome - status post right carpal tunnel release (12/16/2014). There were no progress notes following the right carpal tunnel release surgery. The last progress report was dated 11/5/2014, in which the injured worker complained of bilateral elbow pain with numbness in bilateral 5th fingers. Treatment to date has included medications, physical therapy, and surgery. The treating physician is requesting retrospective (DOS 12/16/2014) large thigh high compression stockings, shoulder immobilizer, pneumatic intermittent compression device 1-30 days, and segmental gradient pressure pneumatic appliance X 2 1-30 days, which is now under review. On 1/16/2015, Utilization Review had non-certified a request for large thigh high compression stockings, shoulder immobilizer, pneumatic intermittent compression device 1-30 days, and segmental gradient pressure pneumatic appliance X 2 1-30 days. The California MTUS Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder Immobilizer: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter for immobilization.

Decision rationale: The patient was injured on 04/04/12 and presents with bilateral elbow pain with numbness in bilateral 5th fingers. The request is for a SHOULDER IMMOBILIZER. There is no RFA provided and the patient is on a modified work duty with limited use of the right upper extremity. The current diagnoses are right carpal tunnel syndrome - status post right carpal tunnel release (12/16/2014). There were no progress notes following the right carpal tunnel release surgery. The MTUS and ACOEM Guidelines do not address this request; however, the ODG Guidelines under the shoulder chapter for immobilization states, Not recommended as a primary treatment. Immobilization and rest appear to be overused as treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; in a greater preserved range of motion, with no increased complications. With the shoulder, immobilization is also a major risk factor for developing adhesive capsulitis, also termed frozen shoulder. The report with the request is not provided, nor is there any discussion provided regarding the request. Reports are hand-written and illegible. Given that that ODG Guidelines do not support the use of shoulder immobilizer as a primary treatment following shoulder surgery, the request IS NOT medically necessary.

Pneumatic Intermittent Compression Device Duration 1-30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee Chapter, DVT.

Decision rationale: The patient was injured on 04/04/12 and presents with bilateral elbow pain with numbness in bilateral 5th fingers. The request is for a PNEUMATIC INTERMITTENT COMPRESSION DEVICE DURATION 1-30 DAYS. There is no RFA provided and the patient is on a modified work duty with limited use of the right upper extremity. The current diagnoses are right carpal tunnel syndrome - status post right carpal tunnel release (12/16/2014). There were no progress notes following the right carpal tunnel release surgery. MTUS and ODG do not discuss pneumatic compression therapy for the lower back. ODG guidelines under Knee Chapter, DVT, does address post-operative treatments for DVT prophylaxis. The National Guidelines Clearinghouse also recommends "mechanical compression devices in the lower extremities are suggested in elective spinal surgery to decrease the incidence of thromboembolic complications." For duration of use, it recommends it from just prior to or at the beginning of surgery and continuation until the patient is fully ambulatory. The report with the request is not provided, nor is there any discussion provided regarding the request. Reports are hand-written

and illegible. In this case, the reports do not state that the request is for treatment of post-operative DVT, and there is no evidence that surgery has been authorized. Therefore, the requested pneumatic intermittent compression device IS NOT medically necessary.

Segmental gradient Pressure Pneumatic Appliance x 2 Duration 1-30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Chapter Knee & Leg under venous thrombosis.

Decision rationale: The patient was injured on 04/04/12 and presents with bilateral elbow pain with numbness in bilateral 5th fingers. The request is for a SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE X 2 DURATION 1-30 DAYS. There is no RFA provided and the patient is on a modified work duty with limited use of the right upper extremity. The current diagnoses are right carpal tunnel syndrome - status post right carpal tunnel release (12/16/2014). There were no progress notes following the right carpal tunnel release surgery. ODG guidelines, Chapter Knee & Leg under venous thrombosis states, "Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. Studies have addressed the risk for thrombosis following major injury, and minor events, including travel, minor surgery, and minor trauma, are linked to a 3-fold increased risk for venous thrombosis. Venothromboembolism (VTE) is an important condition in hospitalized patients accounting for significant morbidity and mortality. Those at high risk should be considered for anticoagulation therapy during the post-hospitalization period. (Yale, 2005) Aspirin may be the most effective choice to prevent pulmonary embolism (PE) and venous thromboembolism (VTE) in patients undergoing orthopaedic surgery, according to a new study examining a potential role for aspirin in these patients. Patients who received aspirin had a lower VTE risk score than the patients who received warfarin. Patients who received aspirin had a much lower use of sequential compression devices than high-risk patients, but even aspirin patients should receive sequential compression as needed." The report with the request is not provided, nor is there any discussion provided regarding the request. Reports are hand-written and illegible. Reports provided do not explain what this unit is, whether or not it is a continuous flow cold device, or a device for DVT prophylaxis. The patient is diagnosed with right carpal tunnel syndrome - status post right carpal tunnel release (12/16/2014). ODG guidelines recognize DVT risk factor for surgery and hospitalization. In this case, the reports do not state that the request is for treatment of post-operative DVT, and there is no evidence that surgery has been authorized. The requested Segmental gradient pressure pneumatic appliance IS NOT medically necessary.

Large Thigh Compression Stocking: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Compression Garments, Knee and Leg chapter.

Decision rationale: The patient was injured on 04/04/12 and presents with bilateral elbow pain with numbness in bilateral 5th fingers. The request is for a LARGE THIGH COMPRESSION STOCKING. There is no RFA provided and the patient is on a modified work duty with limited use of the right upper extremity. The current diagnoses are right carpal tunnel syndrome - status post right carpal tunnel release (12/16/2014). There were no progress notes following the right carpal tunnel release surgery. ODG guidelines, under Compression Garments, Knee and Leg chapter : "Recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis. High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema." The report with the request is not provided, nor is there any discussion provided regarding the request. Reports are hand-written and illegible. There is no indication of the patient having any pain in the lower extremities. The latest report was provided on 11/05/14 and there are no further recent reports provided; therefore, it is difficult to establish a clear picture of this patient's current status. Furthermore, such stockings are generally indicated for the prevention of DVT or in cases vascular/lymphatic insufficiency. In this case, there is no indication of the patient currently having or even possibly having DVT or vascular/lymphatic insufficiency. Therefore, the requested large thigh compression stocking IS NOT medically necessary.