

Case Number:	CM15-0141567		
Date Assigned:	07/31/2015	Date of Injury:	02/11/2010
Decision Date:	08/31/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/21/2015

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old woman sustained an industrial injury on 2-11-2010. The mechanism of injury is not detailed. Evaluations include electromyogram and nerve conduction studies dated 3-31-2015. Diagnoses include left ulnar neuropathy and left radial and posterior interosseous neuropathy. Treatment has included oral medications. Physician notes dated 5-28-2015 show complaints of severe left elbow pain with radiation to the fingers and weakness and shaking in the left hand. Recommendations include surgical intervention to be performed in July or August.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent compression device, prophylaxis with a limb therapy half-arm wrap, Elbow, 30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Cold compression; Knee & Leg – Game Ready Device, Venothromboembolism (VTE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter/DVT Prophylaxis Section.

Decision rationale: The MTUS guidelines do not address the use of pneumatic compression devices for the prevention of venous thrombosis. The ODG recommends identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures. Mechanical methods do reduce the risk of deep vein thrombosis, but there is no evidence that they reduce the main threat, the risk of pulmonary embolism, fatal pulmonary embolism, or total mortality. In contrast, pharmacological methods significantly reduce all of these outcomes. There are options of pharmacological methods that are used post-surgically. In this case, the use of pneumatic compression for DVT prophylaxis is requested for use after post left ulnar nerve transposition. After this type of surgery, the injured worker should be ambulatory and the risk for DVT is low. The request for intermittent compression device, prophylaxis with a limb therapy half-arm wrap, Elbow, 30 day rental is determined not medically necessary.