

Case Number:	CM15-0144431		
Date Assigned:	08/05/2015	Date of Injury:	07/11/2014
Decision Date:	09/09/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/28/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

The injured worker is a(n) 58 year old female, who sustained an industrial injury on 7-11-14. She reported injury to her right shoulder with radiating pain down her right arm into her fingers. The injured worker was diagnosed as having right carpal tunnel syndrome and C7 radiculopathy. Treatment to date has included a cortisone injection, a right wrist brace, NSAIDs and a right carpal tunnel release on 11-7-14. She had post-operative occupational and physical therapy. On 10-27-14, the treating physician did not indicate that the injured worker had a cardiovascular diagnosis or any previous complications with prior surgeries. As of the PR2 dated 11-25-14, the injured worker reports improvement in her nighttime symptoms. The treating physician noted mild swelling of the fingers and a healing incision. The treating physician requested a deep vein thrombosis intermittent compression device rental (DOS 11-7-14).

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) intermittent limb compression device rental (DOS 11/7/2014): 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), Knee and Leg (updated 05/05/15) - Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Venous thrombosis; forearm, wrist, and hand; vasopneumatic devices and Other Medical Treatment Guidelines The British Society for Surgery of the Hand, <http://www.bssh.ac.uk/education/guidelines/vteguidelines>.

Decision rationale: Regarding the request for Retrospective Deep Vein Thrombosis (DVT) intermittent limb compression device rental (DOS 11/7/2014), Occupational Medicine Practice Guidelines do not address the issue. ODG recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Within the medical information made available for review, there is documentation that the patient underwent right carpal tunnel release. However, there is no documentation that patient is at a high risk of developing venous thrombosis. In the absence of such documentation, the currently requested Retrospective Deep Vein Thrombosis (DVT) intermittent limb compression device rental (DOS 11/7/2014) is not medically necessary.