

Case Number:	CM15-0166424		
Date Assigned:	09/04/2015	Date of Injury:	08/29/2001
Decision Date:	10/14/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/25/2015

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: Pennsylvania, Ohio, 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 66 year old male, who sustained an industrial injury on 8-29-2001. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical radicular myelopathy, status post cervical fusion, bilateral carpal tunnel syndrome, status post right carpal tunnel release on 5-14-15. Treatments to date include activity modification, medication therapy, acupuncture treatments, and epidural steroid injection. Currently, he complained of ongoing numbness and tingling down his arms with numbness and tingling in the hands. The provider documented cervical radicular myelopathy secondary to cervical stenosis and neural foraminal encroachment and bilateral carpal tunnel syndrome confirmed by diagnostic testing. On 4-30-15, the physical examination documented hyper flexion, weakness and atrophy. The plan of care included right carpal tunnel release. The records included the operative report dated 5-14-15. The appeal requested authorization retrospectively for left and right DVT compression sleeves for date of services 5-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Left and Right DVT Compression Sleeves QTY: 2 (DOS: 05/14/2015):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, 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) Knee/Venous Thrombosis.

Decision rationale: Official Disability Guidelines/Treatment in Workers Compensation discusses venous thrombosis prophylaxis in the section on the knee. This guideline states recommend identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures. The records in this case do not provide an assessment of the patient's risk for deep venous thrombosis. An uncomplicated carpal tunnel release procedure would not generally be expected to require deep venous thrombosis prophylaxis unless there was a complication or other exceptional circumstance, which is not documented in the available information. Therefore, the guidelines have not been met and this request is not medically necessary.