

Case Number:	CM15-0029088		
Date Assigned:	02/23/2015	Date of Injury:	11/04/2010
Decision Date:	04/07/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/17/2015

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: Texas, New York, 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:

The applicant is a represented 50-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of November 3, 2010. In a Utilization Review Report dated February 9, 2015, the claims administrator failed to approve request for a 30-day deep venous thrombosis prophylaxis device. The claims administrator referenced an RFA form received on February 3, 2015 in its determination. The applicant's attorney subsequently appealed. On December 20, 2014, the applicant reported ongoing complaints of elbow pain with associated upper extremity paresthesias. The attending provider suggested that the applicant pursue an ulnar nerve decompression procedure. The applicant was placed off of work, on total temporary disability. The attending provider suggested that the claims administrator denied the previous ulnar nerve transposition procedure and went on to appeal the same. On January 22, 2015, the applicant presented for a follow-up visit with her neurosurgeon. The attending provider contended that the applicant had demonstrated remarkable improvement following the ulnar nerve transposition procedure of January 17, 2015. The attending provider suggested that the applicant employ Levaquin for alleged fever and chills. The applicant was placed off of work, on total temporary disability. The applicant's medical history was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Day rental for DVT prophylaxis unit with intermittent limb therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation VTE Guidelines for Shoulder and Elbow Surgery. British Elbow and Shoulder Society (BESS) The consensus views of the British Elbow and Shoulder Society. ALLOCATION OF VTE RISK FOR SHOULDER AND ELBOW PROCEDURES. Procedure. Arthroscopy and day case procedures: (eg Elbow removal of loose bodies, Tennis Elbow release, Ulnar Nerve release and transposition, Shoulder Arthroscopy, Arthroscopic Subacromial decompression, Rotator Cuff Repair Excision Distal Clavicle, Excision Calcific Deposit) Risk Level Very Low.

Decision rationale: No, the request for 30-day rental for DVT prophylaxis was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the British Elbow and Shoulder Society (BESS) notes that the risk of venous thromboembolism following an ulnar nerve transposition, as transpired here, is 'very low.' Here, the attending provider did not furnish any clear or compelling rationale for provision of 30-day venous thromboembolism prophylaxis in the face of the unfavorable BESS position on the same. There was no mention of the applicant's having any personal risk factor such as prior venous thromboembolism, history of neoplasms, etc., which would compel a variance from the guideline. There was likewise not mention of the applicant's having issues with prolonged immobilization postoperatively. Therefore, the request was not medically necessary.