

Case Number:	CM15-0041969		
Date Assigned:	03/11/2015	Date of Injury:	03/06/2013
Decision Date:	04/22/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/04/2015

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, Hawaii
 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 33 year old female, who sustained an industrial injury on 3/6/13. She reported wrist pain, neck pain and panic attacks. The injured worker was diagnosed as having left hand paresthesias, left carpal tunnel syndrome, left wrist tenosynovitis, left sided neck pain with cervical spondylosis and left shoulder pain with probable impingement syndrome. Treatment to date has included physical therapy, oral medications including narcotics and surgical repair of left rotator cuff. Currently, the injured worker complains of continuing constant pain of neck with radiation to left shoulder and constant headaches. The treatment plan included continuation of oral medications including narcotics and continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent limb compression device, provided on November 14, 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, Deep vein thrombosis.

Decision rationale: The IW presents with left carpal tunnel syndrome, left wrist tenosynovitis, neck pain, cervical spondylosis and left impingement syndrome. The IW underwent left rotator cuff arthroscopy. ODG state "Current evidence suggests it is needed for inpatients undergoing many orthopedic-, general-, and cancer-surgery procedures and should be given for at least seven to 10 days. In addition, prolonged prophylaxis for four to five weeks also shows a net clinical benefit in high-risk patients and procedures." Review of the reports show no discussion of the patient is a high-risk patient of DVT or the patient is undergoing a high-risk procedure to be warranted use of the unit. Recommendation is for denial as the request is not medically necessary.

Venaflow calf cuff, provided on November 14, 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, Deep vein thrombosis.

Decision rationale: The IW presents with left carpal tunnel syndrome, left wrist tenosynovitis, neck pain, cervical spondylosis and left impingement syndrome. The IW underwent left rotator cuff arthroscopy. ODG state "Current evidence suggests it is needed for inpatients undergoing many orthopedic-, general-, and cancer-surgery procedures and should be given for at least seven to 10 days. In addition, prolonged prophylaxis for four to five weeks also shows a net clinical benefit in high-risk patients and procedures." Review of the reports show no discussion of the patient is a high risk patient of DVT or the patient is undergoing a high risk procedure to be warranted use of an intermittent limb compression device. The VenaFlow calf cuff is the calf attachment to the intermittent compression device. As the compression device has not been authorized, the VenaFlow calf cuff is also not medically necessary. Recommendation is for denial.