

Case Number:	CM15-0055250		
Date Assigned:	03/30/2015	Date of Injury:	06/25/2012
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/23/2015

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: Emergency 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 48-year-old female injured worker suffered an industrial injury on 06/25/2012. The diagnoses included left cubital tunnel syndrome. The diagnostics included left shoulder magnetic resonance imaging and electromyographic studies. The injured worker had been treated with left cubital tunnel release 1/7/2015, medications, physical therapy and left elbow splinting. The treatment plan included post-operative Segmental pneumatic appliance for the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective purchase of Segmental pneumatic appl and Pneumatic comp seg w/ calibr for the left elbow post-op date of service 01/7/15: 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 & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Venous Thrombosis.

Decision rationale: The requested Retrospective purchase of Segmental pneumatic appl and Pneumatic comp seg w/ caliber for the left elbow post-op date of service 01/7/15, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Knee, Venous Thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis. The treating physician has documented left cubital tunnel syndrome. The treating physician had not documented venous thrombosis risk factors, expectation of prolonged non-ambulation, and medical necessity for DME reduction of upper extremity edema. The criteria noted above not having been met, Retrospective purchase of Segmental pneumatic appl and Pneumatic comp seg w/ caliber for the left elbow post-op date of service 01/7/15 is not medically necessary.