

Case Number:	CM15-0057673		
Date Assigned:	04/02/2015	Date of Injury:	10/21/2011
Decision Date:	05/08/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/26/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 63 year old female, who sustained an industrial injury on 10/21/2011. She reported injuries to her wrists, hands, right elbow and left knee. Treatment to date has included carpal tunnel surgery, knee surgery, MRI and electrodiagnostic studies. Diagnoses include postoperative carpal tunnel release right wrist and left wrist, carpal tunnel syndrome left wrist, patellofemoral joint arthritis, cervical sprain and strain and lumbosacral sprain and strain. Currently, the injured worker complains of constant neck pain, pain that radiates to the upper extremity, pain in both shoulders left worse than right, left wrist pain with tingling and numbness, constant pain in the right wrist and popping of the left knee. Currently under review is the request for intermittent limb compression device: Venaflo Calf Cuff (retrospective date of service 01/07/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent Limb Compression Device: Venaflo Calf Cuff (retrospective DOS 1/7/2015):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous Thrombosis and Other Medical Treatment Guidelines UpToDate.com, Prevention of venous thromboembolic disease in medical patients.

Decision rationale: MTUS is silent concerning DVT prophylaxis. ODG states "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." UpToDate also writes, "Mechanical methods of thromboprophylaxis include intermittent pneumatic compression (IPC), graduated compression stockings (GCS), and venous foot pumps (VFP). Mechanical methods for the prevention of venous thromboembolism (VTE) are primarily indicated in patients at high risk of bleeding or in whom anticoagulation is contraindicated (eg, gastrointestinal or intracranial hemorrhage)." Medical records do not indicate what high risk factors are present and do not indicate why anticoagulation therapy cannot be utilized. The treating physician has not provided a medical rationale to support this request. As such, the request for Intermittent Limb Compression Device: Venaflow Calf Cuff (retrospective DOS 1/7/2015) is not medically necessary.