

Case Number:	CM15-0087403		
Date Assigned:	05/11/2015	Date of Injury:	05/08/2013
Decision Date:	06/16/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/06/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 41 year old female, who sustained an industrial injury on 5/8/2013. She reported progressive pain of the right forearm and wrist. The injured worker was diagnosed as having cervical spondylosis, rotator cuff syndrome, and partial thickness tear of rotator cuff, AC osteoarthritis, shoulder impingement, lateral epicondylitis, and closed dislocation of distal radioulnar joint of wrist. Treatment to date has included status post shoulder surgery, medications, electrodiagnostic studies, and magnetic resonance imaging. The request is for mechanical compression device and sleeves for VTE prophylaxis. On 2/23/2015, she complained of right shoulder, right hand and wrist pain. She is indicated to have undergone right shoulder surgery on 9/19/2014, and is doing well. She reported sleeping on the shoulder wrong at night. The treatment plan included: wrist surgery. On 3/4/2015, she complained of pain of the right forearm, elbow and wrist that had been unchanged with treatment. She indicated rest, heat and bracing have helped. The treatment plan included: Naproxen, Orphenadrine, Gabapentin, and Hydrocodone, and returning to post-op physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective mechanical compressions device and sleeves for VTE prophylaxis with a date of service of 9/19/2014: 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), Knee and Leg Chapter, 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) Shoulder chapter.

Decision rationale: CA MTUS does not specifically address DVT prophylaxis with mechanical compression devices. The ODG states that patients should be monitored for the risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment and identifying subjects who are at high risk of developing venous thrombosis and provide prophylactic measures such as consideration for anticoagulation. In this case the patient is not at high risk of DVT and no evidence that DVT prevention could not be accomplished with oral medication and/or compression stockings is submitted. Therefore, the requested treatment is not medically necessary.