MAXIMUS Federal Services

| Case Number: | CM15-0235484 | | |
|---|---|---|---|
| Date Assigned: | 12/11/2015 | Date of Injury: | 07/17/2013 |
| Decision Date: | 01/14/2016 | UR Denial Date: | 11/20/2015 |
| Priority: | Standard | Application Received: | 12/02/2015 |

## 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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic Surgery

## 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 32 year old female who sustained a cumulative industrial injury on 07-17-2013. A review of the medical records indicated that the injured worker is undergoing treatment for bilateral carpal and cubital tunnel syndrome. There was no significant medical history documented. The injured worker denied phlebitis, blood clots and bleeding disorders. The injured worker is status post left cubital ulnar nerve decompression and left carpal median nerve decompression on 08-24-2015 and status post right cubital tunnel release and right carpal tunnel release on 04-13-2015. According to the treating physician's progress report on 10-22-2015, the injured worker continues to do well post-op the most recent surgery and is attending physical therapy. Right thumb and hand examination was within normal. The right elbow was noted to be swollen with lateral and medial pain at the epicondyles with a positive Tinel's at the cubital tunnel. The left arm was tender at the medial condyle with decreased sensation in the 1st finger of the left hand. Durkin's, Tinel's and Mosley's signs were negative. Grip strength was 4 out of 5 bilaterally. Prior treatments have included diagnostic testing, right cubital and carpel tunnel injections, bilateral hand surgery followed by physical therapy, steroid injection to the right 1st metacarpophalangeal joint on 10-07-2015. Current medications were listed as Tramadol, Norco, Gabapentin, Flector patches and Zoloft. Treatment plan consists of continuing physical therapy and the retrospective requests for postoperative intermittent limb compression device QTY: 1 (DOS 08-24-2015) and postoperative segmental gradient pressure pneumatic appliance QTY: 2 (DOS 08-24-2015). On 11-20-2015 the Utilization Review determined the retrospective requests for postoperative intermittent limb compression device QTY: 1 (DOS 08-

24-2015) and postoperative segmental gradient pressure pneumatic appliance QTY: 2 (DOS 08-24-2015) was not medically necessary. On multiple notes, the patient is noted to have a weight of 63 pounds and a height of 205 inches. This appears an error and no actual BMI is documented.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Postoperative Intermittent Limb Compression Device QTY: 1 (DOS 08/24/2015):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 9th edition (web), Shoulder (updated 3/7/13) venous thrombosis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Assssment of Postoperative Venous Thromboembolism Risk in Plastic Surgery Patients Using the 2005 and 2010 Caprini Risk Score. Pannucci, Christopher J.; Barta, Ruth J.; Portschy, Pamela R.; Dreszer, George; Hoxworth, Ronald E.; Kalliainen, Loree K.; Wilkins, Edwin G. Plastic & Reconstructive Surgery. 130 (2): 343-353, August 2012.

**Decision rationale:** The patient is a 32 year old female who had undergone left cubital tunnel release and left carpal tunnel release. A request had been made for postoperative intermittent limb compression device. A risk assessment was provided which noted that a minor surgery was planned and that the BMI was greater than 25. However, no specific BMI was documented based on the medical records provided for review and on multiple notes, the patient is documented to have a weight of 63 pounds, which appears in error. Therefore, sufficient justification for the use of postoperative intermittent compression was not provided. From the above reference, guidelines are presented to evaluate risk for DVT (Caprini Risk Score). This would help to stratify risk for DVT and guide treatment. The assessment appears to have been performed, but was not supported by the medical documentation. In addition, a decision pathway to guide treatment was not provided to show recommendations based on the risk assessment. Thus, postoperative intermittent limb compression device should not be considered medically necessary.

**Retrospective Postoperative Segmental Gradient Pressure Pneumatic Appliance QTY: 2 (DOS 08/24/2015):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 9th edition (web), Shoulder (updated 3/7/13) venous thrombosis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Assessment of Postoperative Venous Thromboembolism Risk in Plastic Surgery Patients Using the 2005 and 2010 Caprini Risk Score. Pannucci, Christopher J.; Barta, Ruth J.; Portschy, Pamela R.; Dreszer, George; Hoxworth, Ronald E.; Kalliainen, Loree K.; Wilkins, Edwin G. Plastic & Reconstructive Surgery. 130 (2): 343-353, August 2012.

**Decision rationale:** The patient is a 32 year old female who had undergone left cubital tunnel release and left carpal tunnel release. A request had been made for postoperative segmental gradient pressure pneumatic appliance. A risk assessment was provided which noted that a minor surgery was planned and that the BMI was greater than 25. However, no specific BMI was documented based on the medical records provided for review and on multiple notes, the patient is documented to have a weight of 63 pounds, which appears in error. Therefore, sufficient justification for the use of postoperative intermittent compression was not provided. From the above reference, guidelines are presented to evaluate risk for DVT (Caprini Risk Score). This would help to stratify risk for DVT and guide treatment. The assessment appears to have been performed, but was not supported by the medical documentation. In addition, a decision pathway to guide treatment was not provided to show recommendations based on the risk assessment. Thus, postoperative segmental gradient pressure pneumatic appliance should not be considered medically necessary.