

<b>Case Number:</b>	CM14-0149599		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 50 year old male. He has evidence of recurrent left lateral epicondylitis. He underwent surgery for debridement of the left lateral epicondyle and reattachment of the common extensor origin on 5/29/2014. Past history is remarkable for hypertension and hypercholesterolemia. There is no history of deep vein thrombosis in the past. No risk factors for DVT are documented. The disputed issue pertains to the use of DVT intermittent limb compression device rental for the day of surgery 5/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro DVT Intermittent Limb Compression - Rental For Day of Surgery 05/29/14 Left Lateral Epicondylar Debridement and Extensor Reattachment: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines for Knee and Leg regarding 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) Section: Knee, Topic: Venous Thrombosis

**Decision rationale:** MTUS does not address DVT intermittent limb compression. ODG guidelines are utilized. Review of the medical records reveals no prior history of deep vein thrombosis or evidence of increased risk. The surgical procedure is relatively minor and does not involve the lower extremities. As such increased risk is not demonstrated. Use of compressive stockings is sufficient. Mechanical compression is utilized for all total hip arthroplasty and total knee arthroplasty patients because of the increased risk. Pharmacotherapy is essential in high risk patients. Use of DVT intermittent limb compression rental for the day of surgery: 5/29/14 left lateral epicondylar debridement and reattachment, is therefore not medically necessary per guidelines.