

Case Number:	CM14-0168104		
Date Assigned:	10/15/2014	Date of Injury:	01/15/2013
Decision Date:	11/18/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/13/2014

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 Internal Medicine and is licensed to practice in California. 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 (IW) is a 53-year-old man with a date of injury of January 15, 2013. The mechanism of injury was not provided in the medical record. According to the Primary Treating Physician's Progress Note (PR-2) dated July 15, 2014, the IW was status-post right lateral epicondylectomy. On physical examination, there was pain throughout the arm. The Injured Worker (IW) was instructed to return to the clinic in 4 weeks. The rest of the report was illegible. The IW was diagnosed with tennis elbow epicondylitis lateral. The IW underwent right lateral elbow epicondylectomy May 6, 2014. The IW also received a steroid injection February 13, 2014, which gave about 20% improvement but the pain returned. Diagnostic imaging and other therapies: Magnetic resonance imaging (MRI) of the right elbow dated February 13, 2014 documented high grade, partial thickness tear of the common extensor tendon origin. X-ray of the right elbow reviewed March 17, 2014 documented no bony, joint or soft tissue abnormalities without arthritis or osteophytes seen. Prior treatments included medications and conservative treatments including 12 physical therapy sessions and 4 acupuncture treatments. Current medications were not documented in the medical record. There was a request for physical therapy post-operatively for 2 times a week for 6 weeks dated March 25, 2014. He is to continue his home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCD Sleeves - QTY: 2 Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Deep Vein Thrombosis; Compression Garments

Decision rationale: Pursuant to the Official Disability Guidelines the sequential compression devices sleeves are not medically necessary. Deep vein thrombosis and pulmonary embolism events are commonplace following lower extremity orthopedic surgery, but they are rare following upper extremity surgery especially shoulder arthroscopy. In this case, it is unclear why the compression device and the sleeves are being requested. The medical record does not document the indications. The injured worker has no co-morbid problems or risk factors increasing the risk of DVT. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the sequential compression device sleeves are not medically necessary.

DVT intermittent Pneumatic Compression Device - 1 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Deep Vein Thrombosis; Compression Garments

Decision rationale: Pursuant to the Official Disability Guidelines, the intermittent pneumatic compression device, one day rental is not medically necessary. The guidelines state compression garments when generally not recommended in shoulder. Deep vein thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery, but they are rare following upper extremity surgery especially shoulder arthroscopy. It is important to uncover possible risk factors for deep venous thrombosis despite their rare occurrence. In this case, it is unclear why the compression device is being requested. Compression devices are not supported in the guideline criteria for the upper extremity unless risk factors are present. The medical records show there were no comorbidity problems or risk factors present in the medical record. Based on the clinical information the medical record and the peer-reviewed evidence-based guidelines, the intermittent pneumatic compression device is not medically necessary.