

Case Number:	CM14-0091539		
Date Assigned:	07/25/2014	Date of Injury:	02/07/2013
Decision Date:	10/22/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/16/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 58-year-old female who reported an injury on 02/07/2013 due to an unspecified mechanism. The injured worker complained of left hand pain and cervical pain status post carpal tunnel release. The diagnoses included a status post left wrist carpal tunnel release and a C5-6 and C6-7 spinal stenosis, with left C6 and C7 sensory radiculopathy. Diagnostic studies were not available. The examination of the left wrist and hand dated 03/05/2014 revealed incision that was well healed, no tenderness or hypersensitivity, distally neurovascularly intact, able to make a full fist with full flexion and extension. Vascular examination of the radial, ulnar, femoral, popliteal, dorsalis pedis, and posterior tibialis muscles were palpable and equal bilaterally; no edema, no varicosity, or venous stasis was present throughout the four extremities. Examination of the cervical spine revealed tenderness to the neck, paraspinal muscles, with pain to the extremities of all range of motion; evidence of radicular pathology; good mobility and muscle function noted; no crepitus on turning or twisting of the neck. Spurling test was negative with flexion at 50 degrees and extension 60 degrees. The neurological examination of the upper extremities revealed 5/5 strength in the deltoid, biceps, triceps with decreased sensation, intact middle finger sensation, and the thumb was normal. Deep tendon reflexes were normal and symmetric. Hoffmann's exam was negative bilaterally. Treatment plan included a follow-up in 6 weeks and a DVT intermittent compression device rental for the limb. The Request for Authorization dated 06/16/2014 was submitted with documentation.

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 Device 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 (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) Knee & Leg, Venous thrombosis and Forearm, Wrist, & Hand, Vasopneumatic devices

Decision rationale: The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines indicate that risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. They primarily recommend mechanical methods of VTE prophylaxis. Although mechanical methods do reduce the risk of deep vein thrombosis [DVT], there is no evidence that they reduce the main threat, the risk of pulmonary embolism. As such, the request for retro DVT intermittent limb/compression device rental is not medically necessary.