

<b>Case Number:</b>	CM13-0001288		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/12/2013

### 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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 71 year old female with an injury date of 03/09/11. Based on the 09/30/14 (post UR date of 07/02/13) progress report provided by treating physician, the patient complains of bilateral carpal tunnel syndrome. Patient is status post bilateral carpal tunnel release, however still presents with ongoing paresthesias. She also has left moderate ulnar neuropathy and right mild to moderate ulnar neuropathy. Physical examination on 09/30/14 revealed well-healed bilateral surgical release incisions. Full range of motion at the elbows. Trigger finger at the right thumb. Operative Reports; 05/24/13: left carpal tunnel release, left cubital tunnel release; 06/04/14 (post UR date of 07/02/13): right carpal tunnel release, right ulnar nerve decompression at Guyon's canal, right ulnar nerve decompression at the elbow. Diagnosis 09/30/14; bilateral cubital tunnel syndrome; right ulnar neuropathy at Guyon's canal; left basilar thumb arthritis; other tenosynovitis of finger flexor; bilateral carpal tunnel syndrome; osteoarthritis of thumb, right. The utilization review determination being challenged is dated 07/02/13. Treatment reports were provided from 05/24/13 - 09/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT Pump Bilateral Hands, 1 month rental (DOS: 5/24/13): 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

Chapter and Rosemont (IL): American Academy of Orthopaedic Surgeons (AAOS0); 2007, pages 63 [49 references].

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic) Chapter, Venous Thrombosis.

**Decision rationale:** The patient presents with bilateral carpal tunnel syndrome. The request is for DVT Pump Bilateral Hands, 1 month rental (DOS 05/24/13). Patient is status post bilateral carpal tunnel release, however still presents with ongoing paresthesias. She also has left moderate ulnar neuropathy and right mild to moderate ulnar neuropathy. Physical examination on 09/30/14 revealed well-healed bilateral surgical release incisions. The MTUS and ACOEM Guidelines do not address DVT Prophylaxis unit. However, ODG Guidelines do address DVT Prophylaxis unit. ODG-TWC, Shoulder Chapter states: "Vein thrombosis: "Recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Upper extremity DVT is much less studied compared to lower extremity DVT and the diagnostic and therapeutic modalities still have substantial areas that need to be studied. (Saseedharan, 2012)". Treating physician has not provided reason for the request. It appears the request was made in anticipation of left carpal tunnel release, left cubital tunnel release procedure scheduled for 05/24/13, per operative report. Right carpal tunnel release, right ulnar nerve decompression at Guyon's canal, right ulnar nerve decompression at the elbow were performed on 06/04/14. Treating physician has not stated risk of perioperative thromboembolic complication, nor has he identified the patient to be at high risk of developing venous thrombosis, as required by guidelines. Furthermore, upper extremity DVT still has substantial areas that need to be studied when compared to lower extremity DVT. The request does not meet guideline indications. The request is not medically necessary.

**Pump Garment X 2 purchase (DOS: 5/24/13): 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 Chapter and Rosemont (IL): American Academy of Orthopaedic Surgeons (AAOS0); 2007, pages 63 [49 references].

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic) Chapter, Compression garments

**Decision rationale:** The patient presents with bilateral carpal tunnel syndrome. The request is for Pump Garment X 2 purchase (DOS: 05/24/13). Patient is status post bilateral carpal tunnel release, however still presents with ongoing paresthesias. She also has left moderate ulnar neuropathy and right mild to moderate ulnar neuropathy. Physical examination on 09/30/14 revealed well-healed bilateral surgical release incisions. The MTUS and ACOEM Guidelines are silent regarding the request. ODG does not specifically address compression garment for the

upper extremities, however the following is available: ODG-TWC, Shoulder (Acute & Chronic) Chapter states: "Compression garments: Not generally recommended in the shoulder. Deep venous 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 still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery." Treating physician has not provided reason for the request. It appears the request was made in anticipation of left carpal tunnel release, left cubital tunnel release procedure scheduled for 05/24/13, per operative report. Right carpal tunnel release, right ulnar nerve decompression at Guyon's canal, right ulnar nerve decompression at the elbow were performed on 06/04/14. Guidelines state that "...Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery,..." Treating physician has not documented "a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism." The request does not meet guideline indications. The request is not medically necessary.