

Case Number:	CM15-0010033		
Date Assigned:	01/27/2015	Date of Injury:	12/12/2010
Decision Date:	03/19/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/16/2015

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 49 year old female, who sustained an industrial injury on 12/12/2010. She has reported left elbow and right wrist pain and is status post right wrist repair arthroscopy, debridement and partial synovectomy, with internal fixation with pins 5/27/14 and ulnar nerve transposition 4/3/13. The diagnoses have included non-traumatic rupture of extensor tendons of a hand and epicondylitis. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Arthrocentesis of right wrist, and therapeutic wrist, elbow and ankle injections. Currently, the Injured Worker complains of left elbow and right wrist pain. The surgical documentation completed 5/27/14 was included in the medical records submitted for review. Past medical history included the diagnosis of diabetes. Physical examination from 1/30/15 documented decreased elbow Range of Motion (ROM) with tenderness, and decreased right wrist strength. Plan of care included continuation of previously prescribed medication and referral for physical therapy. On 12/24/2014 Utilization Review non-certified a request for a Pneumatic compressor non-segment retrospectively, noting the documentation did not support that the injured worker was high risk for Deep Venous Thrombosis (DVT) post upper extremity surgery and why standard compression garments/stockings were not utilized. The ODG Guidelines were cited. On 1/16/2015, the injured worker submitted an application for IMR for retrospective review of a VENA PRO Pneumatic compressor non-segment home unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic compressor non-segment for the right wrist: 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, Compression garments, and ODG, Shoulder Chapter, Venous Thrombosis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Venous Thrombosis UpToDate.com, Prevention of venous thromboembolic disease in medical patients

Decision rationale: MTUS is silent concerning DVT prophylaxis. ODG states recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. UpToDate also writes Mechanical methods of thromboprophylaxis include intermittent pneumatic compression (IPC), graduated compression stockings (GCS), and venous foot pumps (VFP). Mechanical methods for the prevention of venous thromboembolism (VTE) are primarily indicated in patients at high risk of bleeding or in whom anticoagulation is contraindicated (eg, gastrointestinal or intracranial hemorrhage). Medical records do not indicate what high risk factors are present and do not indicate why anticoagulation therapy cannot be utilized. The patient had an outpatient procedure on her wrist while she is still ambulatory which is a low risk procedure for DVT. As such, the request for Venopro pneumatic compressor non-segment home unit is not medically necessary.