

Case Number:	CM15-0012232		
Date Assigned:	01/29/2015	Date of Injury:	10/22/2005
Decision Date:	03/24/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/21/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 63 year old female who sustained an industrial injury on 12/22/2005. Diagnoses include lesion of ulnar nerve, joint pain forearm, carpal tunnel syndrome and pain in joint shoulder. She is status post re-exploration of right carpal canal, tenosynovectomy of flexor tendons, and application of neural nerve wrap. Treatment to date has included medications, and physical therapy. A physician progress note dated 11/07/2014 documents the injured worker had hand surgery and his right hand is throbbing. Surgery included re-exploration of right carpal canal, tenosynovectomy of flexor tendons, and application of neural nerve wrap. He has been on Norco, but requires 2 at a time due to pain, but she does not exceed 8 in a day. Her right hand is in post-operative dressing, color and temperature of fingers is ok, and sensation is intact. A physician progress note dated 11/25/2014 documents the injured worker has pain in her wrists and it is 3 out of 10 after taking medications. Treatment requested is for Retrospective Deep Vein Thrombosis (DVT) Intermittent Limb Compression Device for rental and Venaflo Calf Cuff times 2, DOS: 11/05/2014. On 12/23/2014 Utilization Review non-certified the request for Retrospective Deep Vein Thrombosis (DVT) Intermittent Limb Compression Device for rental and Venaflo Calf Cuff times 2, DOS: 11/05/2014, cited was Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Deep Vein Thrombosis (DVT) Intermittent Limb Compression Device for rental and Venaflow Calf Cuff times 2, DOS: 11/05/2014: 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) Compression Units

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder: Compression garments

Decision rationale: 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. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. In this case there is no documentation that the patient has coagulopathic risk factors. Medical necessity has not been established. The request should not be authorized.