

Case Number:	CM15-0017713		
Date Assigned:	02/05/2015	Date of Injury:	06/01/2009
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/29/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 sustained an industrial injury on June 1, 2009. He has reported sharp pain to his neck that radiates to his bilateral shoulders and has been diagnosed with cervicobrachial syndrome, ankle sprain, lumbago, and carpal tunnel syndrome. Treatment has included surgery, medications, TENS unit, and epidural injection. Currently the injured worker complains about sharp pain to his neck that radiates to his bilateral shoulders. The treatment plan included cervical epidural injection and medications. On January 16, 2015 Utilization Review non certified retrospective DME: mechanical compression Device 1-30 days and sleeves for VTE prophylaxis x 2 duration 1-30 days Purchase citing the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DME: Mechanical Compression Device 1-30 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Forearm, Wrist, Hand Chapter, Vasopneumatic device

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation shoulders and compression

Decision rationale: According to the guidelines, compression is not indicated as the DVT and embolism is low risk for those undergoing upper extremity surgery. In this case the claimant, the claimant's prior and future surgeries involved the upper extremities. There is also no mention of edema. The request for a compression garment for 30 days is not recommended.

Sleeves for VTE prophylaxis X 2 duration 1-30 days. Purchased on 09/19/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Forearm, Wrist, Hand Chapter, Vasopneumatic device

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

Decision rationale: According to the guidelines, compression is not indicated as the DVT and embolism is low risk for those undergoing upper extremity surgery. In this case the claimant, the claimant's prior and future surgeries involved the upper extremities. The request for a sleeves for DVT prophylaxis for 30 days is not recommended.