

Case Number:	CM15-0114480		
Date Assigned:	06/22/2015	Date of Injury:	03/15/2013
Decision Date:	07/31/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/15/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 with an industrial injury dated 11/02/2012; 12/12/2007; cumulative trauma 12/15/2007-03/15/2013. Her diagnoses included bilateral median neuropathy and right carpal tunnel release. Comorbid diagnoses included hypertension, obesity, gastroesophageal reflux disease and hypothyroidism. Prior treatment included left carpal tunnel release, physical therapy and medications. Right carpal tunnel release with median nerve decompression at the wrist was performed on 04/13/2015. There were no complications. Post- surgery the plan of treatment included Keflex (antibiotic), Protonix (stomach protectant), and Anaprox (anti-inflammatory.) Other treatments included form fit unit wrist brace/right, hot/cold pack and DVT (deep vein thrombosis prevention) calf wrap. The retrospective request for durable medical equipment (DME) cock up wrist splint - right wrist (date of service 04/13/2015) was authorized. The request for review is retrospective request for DVT intermittent limb compression device unit hot and cold pack (date of service 04/13/2015.)

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for DVT intermittent limb compression device unit hot and cold pack (DOS: 04/13/15): 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), Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous Thrombosis and Other Medical Treatment Guidelines 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." Up-to-date 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)". ODG states "Recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use. A prospective randomized study was performed comparing the efficacy of a temperature-controlled cooling blanket (CCT) or a standard ice pack in the postoperative treatment of 72 patients with carpal tunnel syndrome. Patients who used CCT showed significantly greater reduction in pain, edema (wrist circumference), and narcotic use postop than did those using ice therapy. In this study, the controlled cold therapy was only used for 3 days. (Hochberg, 2001) Complications related to cryotherapy, including frostbite, are rare but can be devastating. (Wilke, 2003)" Medical records do not indicate what high risk factors are present and do not indicate why anticoagulation therapy cannot be utilized. Additionally, the treating physician has not detailed the length of time the patient will use hot and cold therapy unit, guidelines allow for 7 days of home use. As such, the request for Retrospective request for DVT intermittent limb compression device unit hot and cold pack (DOS: 04/13/15) is not medically necessary.