

Case Number:	CM15-0115034		
Date Assigned:	06/23/2015	Date of Injury:	03/15/2013
Decision Date:	07/22/2015	UR Denial Date:	05/28/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old female who sustained a work related injury March 15, 2013. Past history included right hand carpal tunnel release with median nerve decompression at the wrist, ulnar nerve decompression Guyon canal, left wrist, extensor/flexor tenosynovectomy April 13, 2015, s/p right knee arthroscopy August, 2013. Including the operative report, the other medical record available for review is a primary treating physician's report, dated February 27, 2015. Subjective complaints included left wrist/hand pain, rated 5/10, low back pain with left rhythm right lower extremity symptoms, rated 5/10, left knee pain, rated 5/10, and right knee pain, rated 1/10. Objective findings included positive Tinel's/Phalen's left and right, diminished sensation median nerve distribution, Jamar markedly limited, left and right. Diagnoses are bilateral median neuropathy; left knee pain; low back pain with bilateral lower extremity symptoms. Treatment plan included extension to proceed with surgical procedure through April 30, 2015, and medication. At issue, is the request for authorization for a DVT (deep vein thrombosis) intermittent limb compression device.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Intermittent Limb Compression Device Rental 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, Carpal Tunnel, Continuous cold therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bates SM, Jaeschke R, Diagnosis of DVT: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians (ACCP) evidence-based clinical practice guidelines. Chest 2012 Feb; 141 (2 Suppl): e351 S-418 S and Suppl: 195 S-e226 S.

Decision rationale: The claimant sustained a work-related injury in March 2013 and underwent a right carpal tunnel release, left ulnar Guyon canal decompression, and tenosynovectomy on 04/13/15. Deep venous thrombosis prophylactic therapy for prevention of DVT is routinely utilized in the inpatient setting with major abdominal, pelvic, extremity or neurologic surgery, or following major trauma. In this case, the claimant has no identified high risk factors for developing a deep vein thrombosis or history of prior thromboembolic event. She has not undergone a major surgical procedure. This request was not medically necessary.