

Case Number:	CM15-0115577		
Date Assigned:	06/23/2015	Date of Injury:	07/22/2013
Decision Date:	07/24/2015	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: California

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:

This 56 year old male sustained an industrial injury to the back and left elbow, wrist, hand and shoulder on 7/22/13. Past medical history was significant for congestive heart failure, bilateral leg edema, obesity and hypertension. In a preoperative medical evaluation dated 6/18/14, physical exam was remarkable for lungs clear to auscultation, heart with regular rate and rhythm and one plus pitting edema peripherally. The injured worker's blood pressure was elevated. Doppler ultrasound of bilateral lower extremities was negative for deep vein thrombosis. Preliminary chest x-ray showed cardiomegaly. The physician recommended monitoring the injured worker's blood pressure and avoiding a positive fluid balance. The injured worker underwent left cubital tunnel release with subcutaneous transposition of the left ulnar nerve without complication on 6/30/14. No postoperative physical assessment was documented. A request for authorization for an intermittent limb compression device was submitted on 6/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective intermittent limb compression device (6/30/14): 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 (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1356208/>.

Decision rationale: The MTUS guidelines do not address the use of compression devices post-surgery for deep venous thrombosis prevention. The request is for its use after an upper extremity orthopedic procedure which was performed. Although DVT prevention is very important after surgery, there is inadequate documentation that the patient was rendered non-ambulatory, requiring the need of such a device. There also is inadequate evidence that the use of a pneumatic compression system is more effective than compression stockings for venous clot prevention. Due to the above mentioned reasons, the request is not medically necessary.