

<b>Case Number:</b>	CM15-0116231		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	09/01/2014
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: 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 is a 52 year old female, who sustained an industrial injury on 9/01/2014. Diagnoses include right and left overuse syndrome, right and left carpal tunnel syndrome, right and left DeQuervain's stenosing tenosynovitis and right and left lateral epicondylitis. Treatment to date has included diagnostics and conservative therapies including medication, activity modification, splinting, physical therapy and home exercise followed by surgical intervention (right carpal tunnel surgery on 2/25/2015). Per the Primary Treating Physician's Progress Report dated 1/27/2015, the injured worker reported severe pain and inflammation on bilateral wrists. Physical examination revealed bilateral positive Phalen's test, Tinel's sign, and compression test over the median nerve, Durkan's test and Prayer sign. Bilateral wrists were swollen and sensitive. The plan of care included surgical intervention performed on 2/25/2015 and authorization was requested for retrospective rental (DOS 2/25/2015) of an interlimb compress and purchase of a segmental pneumatic appl.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inter Limb Compression Device NOS, rental (retrospective DOS 2/25/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder Section: Compression Garments.

**Decision rationale:** The MTUS guidelines are silent on the use of limb compression devices to prevent a postoperative deep vein thrombosis. This patient underwent carpal tunnel surgery. The Official Disability Guidelines do not comment on the use of a limb compression device after carpal tunnel surgery; however, these guidelines do comment on the use of these devices after shoulder surgery. Limb compression devices are not considered as medically necessary after upper extremity surgery. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery. 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 evidence that the patient is at significant risk for an upper extremity deep vein thrombosis. For example, there is no evidence that the patient has a coagulopathy that results in an increased risk for a thrombosis. Given the absence of documented risk and the nature of the surgery, the use of an inter limb compression device is not considered as medically necessary.

**Segmental Pneumatic APPL, purchase, (retrospective DOS 2/25/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder Section: Compression Garments.

**Decision rationale:** The MTUS guidelines are silent on the use of limb compression devices to prevent a postoperative deep vein thrombosis. This patient underwent carpal tunnel surgery. The Official Disability Guidelines do not comment on the use of a limb compression device after carpal tunnel surgery; however, these guidelines do comment on the use of these devices after shoulder surgery. Limb compression devices are not considered as medically necessary after upper extremity surgery. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery. 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 evidence that the patient is at significant risk for an upper extremity deep vein thrombosis. For example, there is no evidence that the patient has a coagulopathy that results in an increased risk for a thrombosis. Given the absence of documented risk and the nature of the surgery, the use of a segmental pneumatic APPL is not considered as medically necessary.