

<b>Case Number:</b>	CM15-0116291		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	09/04/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/22/2015
<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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 30-year-old who has filed a claim for chronic hand, wrist, and forearm pain reportedly associated with an industrial injury of September 4, 2014. In a Utilization Review report dated May 22, 2015, the claims administrator failed to approve a request for an intermittent limb compression device. The claims administrator referenced an October 29, 2014 office visit in its determination and also noted that the applicant had undergone an open reduction internal fixation of a scaphoid fracture on October 13, 2014. The claims administrator, thus, seemingly framed the request as a request for postoperative usage of the device. The applicant's attorney subsequently appealed. X-rays dated December 17, 2014 were read as showing open reduction and internal fixation of the navicular bone. On October 29, 2014, the applicant reported ongoing complaints of hand and wrist pain. A splint was in place. The applicant was asked to continue using a cast postoperatively. On October 13, 2014, the applicant underwent an open reduction and internal fixation of a right scaphoid fracture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intermittent Limb Comp Device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines - Shoulder Disorders, Venous thrombosis - Venous thrombosis.

**Decision rationale:** No, the request for an intermittent limb compression device was not medically necessary, medically appropriate, or indicated here. The article in question apparently represented a form of DVT prophylaxis device employed following an open reduction and internal fixation of a scaphoid fracture performed on October 13, 2014. The MTUS does not address the topic of postoperative DVT prophylaxis. However, ODG's Shoulder Chapter Venous Thrombosis topic notes that provision of prophylactic measures such as the device in question should be limited to subjects who are at high risk for developing venous thrombosis. ODG notes that the administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures. By analogy, administration of DVT prophylaxis was not indicated following the comparatively minor risk of the ORIF surgery which transpired here on October 13, 2014. There was no mention of the applicant being an individual at heightened risk toward development of postoperative DVT. There was no mention of the applicant's having a history of neoplasm, prior DVT, blood dyscrasias, etc. The information on file failed to support or substantiate the request. Therefore, the request was not medically necessary.