

<b>Case Number:</b>	CM15-0119341		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2015

### 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: North Carolina  
 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 50 year old male, who sustained an industrial injury on 4/3/13. The documentation noted on 5/5/15, the injured worker has complaints of the cast is very uncomfortable and is digging into the proximal forearm and has increased hand swelling and increased pain. The documentation on examination noted that the injured workers fingers are moderately swollen. The diagnoses have included osteoarthritis, localized, primary, forearm. Treatment to date has included right wrist arthroscopic debridement triangular fibrocartilage complex, synovectomy and debridement on 3/20/15; cast; Norco; ibuprofen and range of motion exercises for all un-immobilized joints. The request was for DVT (deep vein thrombosis) Intermittent pneumatic compression device (retrospective date of service 3/20/15) and DVT (deep vein thrombosis) compression sleeves (retrospective date of service 3/20/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT (deep vein thrombosis) Intermittent Pneumatic Compression Device (retrospective DOS 3/20/15): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, upper extremity surgery.

**Decision rationale:** The California MTUS and ACOEM do not specifically address the requested service. The ODG does not routinely recommend DVT prophylactic therapy after upper extremity surgeries. Review of the literature does not show the patient to have increased risk for DVT such as coagulation disorders, cancer or previous DVT. The patient was not supposed to be immobile post surgery for significant amount of time. Therefore, the request is not medically necessary.

**DVT (deep vein thrombosis) Compression Sleeves (retrospective DOS 3/20/15):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, upper extremity surgery.

**Decision rationale:** The California MTUS and ACOEM do not specifically address the requested service. The ODG does not routinely recommend DVT prophylactic therapy after upper extremity surgeries. Review of the literature does not show the patient to have increased risk for DVT such as coagulation disorders, cancer or previous DVT. The patient was not supposed to be immobile post surgery for significant amount of time. Therefore, the request is not medically necessary.