

Case Number:	CM15-0124809		
Date Assigned:	07/09/2015	Date of Injury:	04/02/2006
Decision Date:	08/06/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 60 year old female, who sustained an industrial injury on 4/2/06. Initial complaints were not reviewed. The injured worker was diagnosed as having chondromalacia grade IV of the left distal ulna. Treatment to date has included status post right wrist arthroscopy with triangular fibrocartilage debridement and chondroplasty of the proximal hamate; status post right cubital tunnel release; status post right ulnar shortening osteotomy; medications. Currently, the PR-2 notes dated 3/30/15 indicated the injured worker complains of left wrist pain. She presents for her first postoperative visit following her left ulnar shortening osteotomy on 3/18/15. She reports that she is doing relatively well. She has moderate discomfort which she is controlling with sparing use of narcotic pain medications and over-the-counter pain relievers. Her clinical history includes asthma, esophageal reflux, thyroid disorder, Rheumatoid arthritis, sleep apnea and diabetes mellitus. She has had a history of colon cancer (2012) and orthopedic history of right shoulder surgery in 2003. On physical examination the provider documents mild swelling overlying the right ulnar forearm. The surgical incision is healing well with no sign of infection and the sutures were removed and steri-strips applied. Her range of motion of the fingers and elbow are within normal limits. Neurovascular status of the hand is intact. X-rays were taken on this day and reported as left forearm revealed surgical fixation of the left ulnar osteotomy with satisfactory alignment; hardware is in good position with negative ulnar variance noted. The osteotomy is anatomically transfixed. The provider is requesting authorization of retrospective durable medical equipment (DME) intermittent pneumatic compression device and sleeves for date of service 3/18/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective durable medical equipment (DME) intermittent pneumatic compression device and sleeves (DOS: 03/18/2015): 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): Forearm, Wrist, Hand - Vasopneumatic device; ODG: Shoulder - Venous Thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Durable medical equipment (DME <http://www.odg-twc.com/index.html> Compression garments. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Compression garments "Recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. (Partsch, 2008) (Nelson-Cochrane, 2008) See also Lymphedema pumps; Venous thrombosis. Recent research: There is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome (PTS) after first-time proximal deep venous thrombosis (DVT). The findings of this study do not support routine wearing of elastic compression stockings (ECS) after DVT. PTS is a chronic disorder affecting 40%-48% of patients during the first 2 years after acute symptomatic DVT. The American College of Chest Physicians currently recommends wearing compression stockings with 30-40 mm Hg pressure at the ankle for 2 years to reduce the risk of developing PTS, but the data supporting this recommendation are inconsistent, and come from small randomized trials without blinding. This high quality double-blind randomized trial compared compression stockings to sham stockings (without therapeutic compression) in 806 patients with proximal DVT and concluded otherwise. (Kahn, 2014)" The provider did not provide any justification for the request. There is limited documentation indicating that the patient is at higher risk for developing DVT. Therefore, the retrospective request for durable medical equipment (DME) intermittent pneumatic compression device and sleeves is not medically necessary.