

<b>Case Number:</b>	CM15-0177624		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	08/31/2007
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Physical Medicine & Rehabilitation

### 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 is a 57 year old male with a date of injury on 8-31-2007. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral carpal tunnel release in 2008 and 2009, bilateral arthroscopic hand surgeries with the first trigger release done in 2010; repeat arthroscopic left hand surgery in 2012 and depressive disorder. According to the progress report dated 7-7-2015, the injured worker underwent a surgical procedure for carpal tunnel release on 6-23-2015. He complained of bilateral hand pain rated two out of ten. He was noted to be receiving post-operative pain medications from his orthopedic surgeon. Per the treating physician (7-7-2015), the injured worker was to remain off work. The physical exam (7-7-2015) revealed post-operative bandages, which were not taken down as he had just recently had his pot-op evaluation with suture removals. He was neurovascularly intact with respect to the left hand. The original Utilization Review (UR) (8-10-2015) denied requests for retrospective deep vein thrombosis (DVT) compression sleeves x2 and pneumatic compression device, date of service 6-23-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 6/23/2015) DVT Compression Sleeves x2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The 57 year old patient is 48 days status post redo left carpal tunnel release with external neurolysis, as per progress report dated 08/10/15. The request is for retrospective (dos: 6/23/2015) DVT compression sleeves X 2. There is no RFA for this case, and the patient's date of injury is 08/31/07. The patient also has history of right carpal tunnel syndrome, as per progress report dated 08/10/15. Diagnoses, as per progress report dated 07/07/15, included bilateral carpal tunnel releases in 2008 and 2009, bilateral arthroscopic surgeries with first trigger release done in 2010, repeat arthroscopic left hand surgery in 2012, and depressive disorder. The patient is also status post inguinal hernia repair in 2010, and status post lumbar surgery in 2010, as per progress report dated 05/28/15. Diagnoses, as per this report, also included right S1 radiculopathy, T12-L1 and L5-S1 degenerative disc disease, and chronic and recurrent lumbar strain. The patient is off work, as per progress report dated 07/07/15. The MTUS and ACOEM Guidelines do not address the request. ODG-TWC guidelines, Shoulder Chapter under Venous thrombosis states: "In the shoulder, risk is lower than in the knee and depends on: (1) invasiveness of the surgery (uncomplicated shoulder arthroscopy would be low risk but arthroplasty would be higher risk); (2) the postoperative immobilization period; & (3) use of central venous catheters. Upper extremity deep vein thrombosis (UEDVT) may go undetected since the problem is generally asymptomatic. The incidence of UEDVT is much less than that of the lower extremity DVT possibly because: (a) fewer, smaller valves are present in the veins of the upper extremity, (b) bedridden patients generally have less cessation of arm movements as compared to leg movements, (c) less hydrostatic pressure in the arms, & (d) increased fibrinolytic activity that has been seen in the endothelium of the upper arm as compared to the lower arm. It is recommended to treat patients of asymptomatic mild UEDVT with anticoagulation alone and patients of severe or extensive UEDVT with motorized mechanical devices in conjunction with pharmacological thrombolysis, without delay beyond 10-14 days." ODG, Shoulder Chapter under Compression Garments states: Not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper- extremity surgery, especially shoulder arthroscopy. In this case, none of the progress reports discuss the need for a compression sleeve. However, this is a retrospective request for a service that was provided on 06/23/15. The patient did undergo left carpal tunnel release and multiple trigger point injections on the same date, as per progress report dated 07/07/15. Hence, it can be assumed that the request is related to this surgical intervention. The treater, however, does not discuss the patient's risk of UEDVT and why he cannot be treated with anticoagulation alone. Furthermore, ODG guidelines state "Upper extremity deep vein thrombosis (UEDVT) may go undetected since the problem is generally asymptomatic. The incidence of UEDVT is much less than that of the lower extremity DVT..." and do not recommend compression sleeves for upper extremity surgeries. Therefore, the request is not medically necessary.

**Retrospective (DOS: 6/23/2015) Pneumatic compression device:** 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), Shoulder Chapter, Venous Thrombosis.

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

**Decision rationale:** The 57 year old patient is 48 days status post redo left carpal tunnel release with external neurolysis, as per progress report dated 08/10/15. The request is for retrospective (dos: 6/23/2015) pneumatic compression device. There is no RFA for this case, and the patient's date of injury is 08/31/07. The patient also has history of right carpal tunnel syndrome, as per progress report dated 08/10/15. Diagnoses, as per progress report dated 07/07/15, included bilateral carpal tunnel releases in 2008 and 2009, bilateral arthroscopic surgeries with first trigger release done in 2010, repeat arthroscopic left hand surgery in 2012, and depressive disorder. The patient is also status post inguinal hernia repair in 2010, and status post lumbar surgery in 2010, as per progress report dated 05/28/15. Diagnoses, as per this report, also included right S1 radiculopathy, T12-L1 and L5-S1 degenerative disc disease, and chronic and recurrent lumbar strain. The patient is off work, as per progress report dated 07/07/15. The MTUS and ACOEM Guidelines do not address the request. ODG-TWC guidelines, Shoulder Chapter under Venous thrombosis states: "In the shoulder, risk is lower than in the knee and depends on: (1) invasiveness of the surgery (uncomplicated shoulder arthroscopy would be low risk but arthroplasty would be higher risk); (2) the postoperative immobilization period; & (3) use of central venous catheters. Upper extremity deep vein thrombosis (UEDVT) may go undetected since the problem is generally asymptomatic. The incidence of UEDVT is much less than that of the lower extremity DVT possibly because: (a) fewer, smaller valves are present in the veins of the upper extremity, (b) bedridden patients generally have less cessation of arm movements as compared to leg movements, (c) less hydrostatic pressure in the arms, & (d) increased fibrinolytic activity that has been seen in the endothelium of the upper arm as compared to the lower arm. It is recommended to treat patients of asymptomatic mild UEDVT with anticoagulation alone and patients of severe or extensive UEDVT with motorized mechanical devices in conjunction with pharmacological thrombolysis, without delay beyond 10-14 days." ODG, Shoulder Chapter under Compression Garments states: Not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper- extremity surgery, especially shoulder arthroscopy. In this case, none of the progress reports discuss the need for a pneumatic compression device. However, this is a retrospective request for a service that was provided on 06/23/15. The patient did undergo left carpal tunnel release and multiple trigger point injections on the same date, as per progress report dated 07/07/15. Hence, it can be assumed that the request is related to this surgical intervention. The treater, however, does not discuss the patient's risk of UEDVT and why he cannot be treated with anticoagulation alone. Furthermore, ODG guidelines state "Upper extremity deep vein thrombosis (UEDVT) may go undetected since the problem is generally asymptomatic. The incidence of UEDVT is much less than that of the lower extremity DVT ..." and do not recommend compression devices for upper extremity surgeries. Therefore, the request is not medically necessary.

