

Case Number:	CM15-0179570		
Date Assigned:	09/21/2015	Date of Injury:	04/01/2014
Decision Date:	10/23/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/14/2015

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 46 year old male, who sustained an industrial injury on 4-1-14. The documentation noted on 9-21-15 the injured worker has complaints of left elbow pain that he rates as a 5 on a scale 0 to 10 and the right elbow he rates at a 7 on a scale of 0 to 10. The injured worker complains of numbness in the left thumb, index and middle finger and he has numbness in the right thumb, index, middle, ring and little fingers. The documentation noted on 8-4-15 the injured worker was seen for follow up on his right carpal tunnel syndrome, left medial epicondylitis status post-surgery and left carpal tunnel syndrome status post-surgery. The injured worker continues to have complaints of pain over both elbow with the left elbow status post-surgery and pain at the site and pain on the lateral aspect. The injured worker continues to have numbness in all five fingers of the left hand worse in the thumb, index and middle fingers. There is tenderness to palpation over both the medial and lateral aspects and he has good range of motion with flexion and extension of both elbows. The right elbow is mildly tender over the medial epicondyle and he some tenderness across shoulders, the trapezius and cervical musculature. The diagnoses have included right carpal tunnel syndrome; left carpal tunnel syndrome status post-surgery and left medial epicondylitis status post-surgery. The documentation on 9-18-14 noted that the injured worker had previously undergone an arthroscopic subacromial decompression of the right shoulder and was very happy with his right shoulder progress and that his pain is continuing to improve and his function was improving. Treatment to date has included kenalog injections; occupational therapy; surgery on the left medial epicondyle on 4-1-14; left shoulder arthroscopy on 10-23-14; prilosec and naprosyn. The

documentation noted that the injured worker had to discontinue his norco as it gave him stomach pain, anxiety and back pain. The original utilization review (8-13-15) partially approved a request for pressure pneumatic appliance, half leg and intermittent limb compression device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pressure Pneumatic Appliance, half leg: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder surgery.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG does not recommend DVT prophylaxis therapy after shoulder surgery due to low level of incidence. The patient has shoulder surgery in 2014. There is no documented risk factors that would require the requested DVT prevention such as hypercoagulable states. Therefore, the request is not medically necessary.

Intermittent limb 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder surgery.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG does not recommend DVT prophylaxis therapy after shoulder surgery due to low level of incidence. The patient has shoulder surgery in 2014. There is no documented risk factors that would require the requested DVT prevention such as hypercoagulable states. Therefore, the request is not medically necessary.