

<b>Case Number:</b>	CM15-0073671		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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, Florida, 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 injured worker is a 45-year-old male with an industrial injury dated 03/17/2014. His diagnoses included carpal tunnel syndrome and sprain of carpal joint of wrist. Prior treatments included physical therapy, splint, and acupuncture, MRI of right wrist, electro diagnostic studies and medications. He presents on 11/04/2014 with complaints of pain in right wrist and tingling and numbness of the right hand, thumb, index, long and ring fingers. Physical exam revealed range of motion in all fingers of the right hand was unremarkable. There was tenderness to palpation over the ulnar aspect of the right wrist. Treatment plan included splint for nighttime use, diagnostic arthroscopy and deep vein thrombosis intermittent pneumatic compression device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Deep vein thrombosis Intermittent 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 Treatment in Workers' Compensation Shoulder Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder and Knee, pertaining to DVT.

**Decision rationale:** The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes in regards for compressive devices for deep venous thrombosis prevention: Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis. The relative risk for venous thrombosis is 3-fold greater following minor injury, especially if injury occurs in the 4 weeks prior to thrombosis, is located in the leg, and involves multiple injuries or rupture of muscle or ligament. Using data from the prospective Million Women Study in the UK, new research suggests that the risk of venous thromboembolism (VTE) after surgery is greater and lasts for longer than has previously been appreciated. This patient lacks documentation of significant risk factors for deep venous thrombosis, such that I would not agree with the compression rental following the surgery. The request is not medically necessary.