

Case Number:	CM15-0073954		
Date Assigned:	04/24/2015	Date of Injury:	09/19/2013
Decision Date:	05/26/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	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: Indiana

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 39 year old female sustained an industrial injury to the left wrist on 9/19/13. The injured worker underwent left wrist arthroscopy, debridement and excision of radial triangular fibrocartilage complex tear and thermal shrinkage of left lunotriquetral ligament tear on 1/5/15. In a PR-2 dated 1/20/15, the injured worker reported mild postoperative pain. Physical exam was remarkable for well approximated wounds without erythema or drainage. Sensation was intact to the dorsal hand ulnar. Current diagnoses included left triangular fibrocartilage complex radial tear and lunotriquetral ligament partial tear. The treatment plan included beginning occupational therapy and a wrist lacer for protection. On 1/15/15, an order was written for pneumatic compression device and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Pneumatic compression device and supplies, rental or purchase, DOS: 1/6/15:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: MTUS is silent on this topic, but ODG does mention it with regards to shoulder surgery: "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. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors."The employee had a surgical procedure of the wrist which is not as long or complex as having a shoulder surgery, yet even for the shoulder a compression device is not recommended. There is no documentation showing the employee is at increased risk for coagulopathy. Therefore, the request is not medically necessary.