

Case Number:	CM15-0077963		
Date Assigned:	04/29/2015	Date of Injury:	10/30/2012
Decision Date:	06/03/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/23/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 29-year-old female, with a reported date of injury of 10/30/2012. The diagnoses include bilateral shoulder strain/sprain, bilateral wrist strain/sprain, right carpal tunnel syndrome, and possible left carpal tunnel syndrome. Treatments to date have included physical therapy. The medical report dated 09/17/2014 indicates that the injured worker was status post a right carpal tunnel release done on 07/22/2014. The injured worker complained an aching sensation to the right thumb and into the wrist and radiating pain and throbbing from the right wrist to the right elbow. The objective findings include a healed right hand wound without signs of infection. No other objective findings were indicated. It was noted that the right hand continued to improve. The subjective findings on 11/05/2014 include improvement in range of motion, a lack of strength in the right hand, pain to the right thumb and into the right wrist, and radiating pain from the right wrist to the right forearm area. The objective findings (11/05/2014) include a healed right hand wound without signs of infection. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested intermittent limb compression device (date of service: 07/22/2014). On 04/03/2015, Utilization Review (UR) denied the request since there was no current documentation of deep vein thrombosis risk factors and there was no documentation that the injured worker would not be walking during the post-operative time period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective associated surgical service: Intermittent limb compression device, DOS: 7/22/14: 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.

Decision rationale: CA MTUS/ACOEM is silent on compression garments for DVT prophylaxis. According to ODG, Shoulder section, Compression garments, "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." In this case, there is no evidence of risk factor for DVT in the clinical records from 9/17/14. Therefore, the determination is for non-certification for the DVT compression garments. The request is not medically necessary.