

<b>Case Number:</b>	CM15-0086030		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Emergency 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 41 year old male, who sustained an industrial injury on November 26, 2013, incurring right hand and right shoulder injuries. He was diagnosed with right cubital tunnel syndrome and right ulnar nerve compression at the wrist, and right shoulder tendinopathy, bicipital tenosynovitis and acromioclavicular osteoarthritis. He underwent a surgical repair of the ulnar nerve at the right wrist and right carpal tunnel release. Treatment included anti-inflammatory drugs, splinting with moderate relief, and shockwave therapy to the right upper extremity, pain medications, physical therapy and home exercise program with activity restrictions. Currently, the injured worker complained of right upper extremity numbness, weakness and paresthesia with diminished sensation in the right ring and small fingers. He noted decreased strength in the right hand interfering with daily activities of living. He was diagnosed with right carpal tunnel syndrome and right ulnar nerve compression at the wrist (Guyon's Canal Syndrome). The treatment plan that was requested for authorization on April 30, 2015, included a retrospective deep vein thrombosis intermittent compression device with 2 wraps on the date of service of February 25, 2015. On April 14, 2015, a request for an intermittent compression device with 2 wraps was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 02/25/2015) DVT - Intermittent Compression device with 2 wraps:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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", "Compression Garments".

**Decision rationale:** MTUS Chronic pain or ACOEM Guidelines do not have any adequate information concerning this topic. Official Disability Guidelines (ODG) states that compression garments are usually not required for upper extremity surgery due to low risk for developing deep vein thrombosis although risks for DVT development needs to be reviewed. Patient has no significant increased risk for DVT or requires any prophylaxis beyond aspirin. Due to low risk for surgery and no documented risk factors for DVT or need for immobilization, DVT Intermittent Compression Device with 2 wraps are not medically necessary.