MAXIMUS Federal Services

Case Number:	CM15-0093757		
Date Assigned:	05/20/2015	Date of Injury:	03/17/2014
Decision Date:	06/24/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/15/2015

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: 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 37-year-old male, who sustained an industrial injury on 03/17/2014. He reported injuring his right upper extremity and upper back while cutting sheet metal at work and was diagnosed with tendinitis. The injured worker is currently working modified duty. The injured worker is currently diagnosed as having right elbow cubital tunnel syndrome. Treatment and diagnostics to date has included right elbow MRI which was unremarkable, use of a wrist and elbow brace, physical therapy, home exercise program, and medications. In a progress note dated 04/10/2015, the injured worker presented with complaints of constant right elbow pain with burning sensation. Objective findings include tenderness to palpation to right elbow with numbness, weakness, and stiffness. The treating physician reported requesting authorization for retrospective deep vein thrombosis intermittent limb compression device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for DME: DVT Intermittent Limb Compression Device, provided on date of service: 01/27/2015): 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), Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter/DVT Prophylaxis.

Decision rationale: The MTUS guidelines do not address the use of pneumatic compression devices for the prevention of venous thrombosis. The ODG recommends identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures. Mechanical methods do reduce the risk of deep vein thrombosis, but there is no evidence that they reduce the main threat, the risk of pulmonary embolism, fatal pulmonary embolism, or total mortality. In contrast, pharmacological methods significantly reduce all of these outcomes. There are options of pharmacological methods that are used post-surgically. The available documentation does not reveal that the injured worker is at an increased risk for DVT, therefore, the request for retrospective request for DME: DVT Intermittent Limb Compression Device, provided on date of service: 01/27/2015 for DVT prophylaxis is determined to not be medically necessary.