

<b>Case Number:</b>	CM15-0096678		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	10/13/2012
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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, New York  
Certification(s)/Specialty: Internal 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 55 year old female, who sustained an industrial injury on October 13, 2012. The injured worker underwent a left elbow ulnar nerve anterior transposition with subfascial transposition on March 16, 2015. She had a post-operative evaluation on April 7, 2015 during which she reported that her pain was well-controlled and is mild in nature. On physical examination her range of motion is limited with flexion and extension but almost full with rotation. The diagnoses associated with the request include status post left elbow ulnar nerve transposition, carpal tunnel syndrome and ulnar neuropathy. The treatment plan includes gentle passive range of motion, use of sling and follow-up evaluation. A request was received for an intermittent pneumatic compression device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT- Intermittent Pneumatic Compression:** 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 and Leg Chapter, Compression garment Section.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, DVT intermittent pneumatic compression is not medically necessary. Compression garments are not generally recommended in the shoulder. DVT and pulmonary embolism events are common complications following lower extremity orthopedic surgery but are rare following upper extremity surgery, especially shoulder arthroscopy. The guidelines recommend monitoring high risk of developing venous thrombosis. In the shoulder, risk is lower than in the knee and depends upon the invasiveness of the surgery, the postoperative immobilization and the use of central venous catheters. Continuous flow cryotherapy is recommended as an option after surgery. Postoperative use may be up to seven days, including home use. DVT is very rare after arthroscopy of the shoulder. In this case, the injured worker's working diagnosis is status post left elbow ulnar nerve transposition. The injured worker underwent a surgical procedure on March 16, 2015. Review of the record indicates the DVT intermittent compression was used during surgery and returned the next day. There is no clinical documentation the compression device was used in the immediate postoperative period. The injured worker does not have risk factors or comorbid conditions for deep vein thrombosis by the. DVT is very rare after arthroscopy of the shoulder. Similarly, DVT is very rare after ulnar nerve transposition. There is no clinical rationale in the medical record to support the use of the DVT intermittent pneumatic compression pump. Consequently, absent clinical documentation with a clinical rationale and or indication, DVT intermittent pneumatic compression is not medically necessary.