

Case Number:	CM14-0152117		
Date Assigned:	09/22/2014	Date of Injury:	05/02/2011
Decision Date:	11/05/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/18/2014

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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 64-year-old male tool and die engineer manager sustained an industrial injury on 5/2/11 relative to cumulative trauma. Past surgical history was positive for posterior C2-C7 decompression and C3 to C6 fusion surgery with hardware placement in August 2011, and a posterior L3-S1 decompression and fusion in December 2011. Past medical history is positive for hypertension, diabetes mellitus, sleep apnea, prostate cancer, and smoking, one pack per day for 40 years. Electrodiagnostic studies were reported positive for severe bilateral carpal tunnel syndrome and bilateral lower extremity peripheral neuropathy due to Type 2 diabetes mellitus. The 7/17/14 treating physician report cited bilateral shoulder pain and bilateral hand pain and numbness. Bilateral shoulder physical exam documented forward flexion 170 degrees, external rotation 40 degrees, and internal rotation to T12. The patient had a positive Hawkin's sign for impingement and weakness with abduction testing. There was positive Tinel's sign bilaterally. The diagnosis was bilateral carpal tunnel syndrome, right shoulder impingement syndrome with partial rotator cuff tear, and left shoulder impingement syndrome. Surgery had been requested (right carpal tunnel release) and was pending. The 8/22/14 utilization review denied the 7/17/14 request for a pneumatic compression device for deep vein thrombosis (DVT) prophylaxis and use of such device are not supported for carpal tunnel release and there was no indication that the patient was a risk of a DVT.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pneumatic compression device for DVT (unspecified if purchase or rental) for the management of symptoms related to the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work loss Data Institute, LLC; Corpus Christi, TX www.odg-twc.com: Section; Knee & Leg Official Disability Guidelines, Work loss Data Institute, LLC; Corpus Christi, TX www.odg-twc.com: Section; Carpal Tunnel Syndrome ACOEM-[https://www.acoempracguides.org/Hand and Wrist](https://www.acoempracguides.org/Hand%20and%20Wrist); Table 2, Summary of Recommendations, Hand and Wrist disorders

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

Decision rationale: The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. The administration of DVT prophylaxis is not generally recommended in upper extremity procedures. Guideline criteria have not been met. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. There is no limitation in ambulatory capacity or prolonged bed rest indicated relative to a carpal tunnel release. Therefore, this request is not medically necessary.