

Case Number:	CM13-0047399		
Date Assigned:	12/27/2013	Date of Injury:	03/05/2013
Decision Date:	02/26/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 physician 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 is a female patient with the date of injury of March 5, 2013. A utilization review determination dated October 16, 2013 recommends non-certification of DVT intermittent compression device rental. The previous reviewing physician recommended non-certification of DVT intermittent compression device rental due to lack of documentation of published high quality studies on the Game Ready device or any other combined system, a rationale identifying why a cryotherapy unit would be insufficient, and established risk factors for DVT. An Operative Report from August 16, 2013 identifies procedures performed of right open carpal tunnel release, right first compartment release, and steroid injection right lateral epicondyle region. A Hand Surgery Recheck Visit report dated August 21, 2013 identifies Interval History of doing reasonably well. She had some discomfort initially, but that is slowly improving. She notes that the range of motion of the hand is limited. Physical Examination identifies incision over the right wrist and palm is clean and dry without erythema. Range of motion of the wrist and hand is decreased. There is tenderness on palpation along the incision lines. The tenderness over the elbow has improved. Assessment includes slowly progressing post surgery. Plan includes start local wound care as instructed, continue splinting for the right wrist and thumb, and a thumb spica splint was dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT intermittent compression device rental (8/16/2013): 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 & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Venous thrombosis, as well as Other Medical Treatment Guideline or Medical Evidence: The British Society for Surgery of the Hand.

Decision rationale: Regarding the request for DVT intermittent compression device rental (8/16/13), Occupational Medicine Practice Guidelines do not address the issue. Official Disability Guidelines recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Within the medical information made available for review, there is documentation that the patient underwent right open carpal tunnel release, right first compartment release, and steroid injection right lateral epicondyle region. However, there is no documentation that patient is at a high risk of developing venous thrombosis. In the absence of such documentation, the currently requested DVT intermittent compression device rental (8/16/13) is not recommended.