

Case Number:	CM13-0057571		
Date Assigned:	12/30/2013	Date of Injury:	08/28/2008
Decision Date:	03/25/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/25/2013

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 Interventional Spine, 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:

The patient is a 54-year-old female who was injured on 8/28/08. According to the 10/2/13 report from [REDACTED], the diagnosis is s/p endoscopic carpal tunnel release. On 11/13/13, [REDACTED] adds cervical myelopathy to the diagnoses. The patient was doing better with PT (physical therapy), but had GI (gastrointestinal) upset and heartburn. On 11/21/13 UR (utilization review) provided a retrospective denial for DVT (deep vein thrombosis)/intermittent pneumatic compression device, for use following the 9/16/13 carpal tunnel release (CTR).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DVT/Intermittent pneumatic compression device: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient is status post right endoscopic carpal tunnel release(CTR) on 9/16/13 without complications. On reviewing the records, it appears the patient has several industrial injury claims, including a 2001 claim involving the lower back and lower extremities.

██████████ was the surgeon who performed the CTR and he was aware of the lower back condition as well. On 7/24/13, ██████████ noted the diagnoses of L4 radiculopathy and right Achilles tendonitis. Pre-op medical clearance was requested, as well as post-op physical therapy (PT). The patient was warned of the risks of the surgery, but DVT(deep vein thrombosis) was not listed as a risk for the CTR, and the pneumatic compression device was not discussed or recommended. The 9/16/13 operative report does not discuss any DVT risks or DVT prophylactic measures. The MTUS/ACOEM and Official Disability Guidelines (ODG) do not discuss DVT/pneumatic compression for carpal tunnel release. The ODG does mention DVT in the Knee chapter. The ODG states: "recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." The records provided for this Independent Medical Review (IMR) did not discuss the patient being at any risk for developing DVT, and did not discuss anticoagulation therapy and did not discuss necessity for a DVT/pneumatic compression device. The request does not appear to be in accordance with ODG guidelines for DVT.