

Case Number:	CM13-0062576		
Date Assigned:	12/30/2013	Date of Injury:	03/15/2013
Decision Date:	05/16/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/07/2013

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 Orthopedic Surgery and Hand Surgery and is licensed to practice in Texas. 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:

The injured worker is a 61-year-old female who reported an injury on 03/15/2013. The mechanism of injury was not provided. Current diagnoses included carpal tunnel syndrome, trigger finger, localized primary osteoarthritis of the hand, localized primary osteoarthritis of the lower leg, and lumbosacral spondylosis. The injured worker was evaluated on 09/30/2013. Physical examination revealed tenderness to palpation, positive scratch collapse testing, and negative atrophy. Treatment recommendations included authorization for outpatient open release of the left carpal tunnel with release of the A1 annular band of the left index finger. The injured worker was scheduled for surgery on 11/05/2013. An operative report was then submitted on 11/05/2013, indicating that the injured worker underwent open release of the left carpal tunnel and release of the left index finger A1 inner band. A Request for Authorization was then submitted on 11/05/2013 for a Vascutherm DVT system.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF VASCUTHERM 4 WITH DEEP VEIN THROMBOSIS (DVT) SYSTEM TIMES 4 WEEKS AND PURCHASE OF A WRIST GARMENT POST OPERATIVE LEFT CARPAL TUNNEL RELEASE AND LEFT FINGER RELEASE OF A1 ANNULAR BAND SCHEDULED FOR 11/5/13: 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), SHOULDER CHAPTER, VENOUS THROMBOSIS AND FOREARM, WRIST & HAND CHAPTER, SPLINTS.

Decision rationale: Official Disability Guidelines recommend monitoring the risk of peri-operative thromboembolic complications in both the acute and sub acute postoperative periods for possible treatment and identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. The incidence of an upper extremity DVT is much less than that of the lower extremity. As per the documentation submitted, there is no indication that this injured worker is at high risk of developing a postoperative venous thrombosis. There is no mention of a contraindication to oral anticoagulation therapy. Furthermore, Official Disability Guidelines state splints are recommended for treating displaced fractures. The injured worker does not maintain a diagnosis of a fracture. The medical necessity for the purchase of a wrist garment has not been established. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.