

Case Number:	CM13-0068702		
Date Assigned:	01/03/2014	Date of Injury:	09/14/2013
Decision Date:	05/02/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/19/2013

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 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 39-year-old claimant has a date of injury of 9/14/13. He has been treated for bilateral hand injuries and is status post surgery to repair a left thumb fracture and ulnar collateral ligament injury and a right small finger fracture. The surgery was performed in September 2013. A Vena Flow System pneumatic compression device was requested for post-operative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

VENA FLOW SYSTEM 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), Knee and Leg, Venous Thrombosis.

Decision rationale: A Vena Flow System pneumatic compression device would not be considered medically necessary and appropriate for this claimant based upon the Official Disability Guidelines. The California ACOEM Guidelines do not address this issue. Official Disability Guidelines in the knee chapter address deep vein thrombosis prophylaxis. Deep vein thrombosis prophylaxis is appropriate if patients are at high risk of developing venous

thrombosis. In this case, this claimant underwent upper extremity surgery involving the hands. This surgery is a very low risk for development of deep vein thrombosis. Typically, patients are ambulatory following this type of surgery. There is a follow up note provided from December 2013 which documents that this claimant is well-healed and stable and had no untoward complications of deep vein thrombosis post-operatively. For the reasons stated above, a Vena Flow System pneumatic compression device would not be considered medically necessary and appropriate in this case.