MAXIMUS Federal Services

Case Number:	CM14-0011164		
Date Assigned:	02/21/2014	Date of Injury:	05/05/2013
Decision Date:	06/25/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/28/2014

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 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 42-year-old female police officer sustained an industrial injury 5/5/13, relative to a motor vehicle accident. Past medical history was positive for a left carpal tunnel release 10/11/05, T6-9 disc protrusions, and left shoulder labral tear. The 8/26/13 treating physician report cited electrodiagnostic findings of severe right carpal tunnel syndrome and a slight probably residual left carpal tunnel syndrome. The patient had failed conservative treatment and a right carpal tunnel release was recommended. She underwent an endoscopic assisted right carpal tunnel release on 11/14/13, and was prescribed a deep vein thrombosis (DVT) compression system. The 11/20/13 progress report indicated that the patient was 6 days post-operative. Adequate pain control was documented with prescribed analgesics. The patient denied fever, chills, drainages, or other signs/symptoms of post-operative infection. Physical exam documented the incision to be clean and dry and with full flexion and extension of the fingers. The treatment plan recommended continued local wound management, surveillance for infection, medications (antibiotics and analgesics), therapy per protocol, and follow-up for suture removal. The 1/22/14 utilization review denied the DVT system, as guideline criteria were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

VENAFLOW COMPRESSION PUMP WITH DVT PROPHYLAXIS AND PURCHASE OF TWO (2) VENOFLOW WRAPS DOS: 11/14/2013 FOR RIGHT CARPAL TUNNEL RELEASE: 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), Forearm, Wrist and Hand Chapter, Vasopneumatic Devices

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

Decision rationale: Under consideration is a request for a Venaflow compression pump with DVT (deep vein thrombosis) prophylaxis and purchase of two (2) Venaflow wraps. The California MTUS guidelines are silent with regard to the requested item and DVT prophylaxis. The Official Disability Guidelines 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 were no significantly increased DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request for Venaflow compression pump with DVT prophylaxis and purchase of two (2) Venaflow wraps date of service 11/14/2013 for right carpal tunnel release is not medically necessary.