

<b>Case Number:</b>	CM14-0019003		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Occupational Medicine, 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:

Thus far, the applicant has been treated with the following: Analgesic medications; open reduction internal fixation of an ulnar fracture; and subsequent hardware removal surgery. In a Utilization Review Report dated February 4, 2014, the claims administrator denied a request for 21 days of a postoperative DVT (deep vein thrombosis) prevention system, noting that there was no evidence that the applicant was in fact at increased risk for deep venous thrombosis. A hardware removal surgery was scheduled for January 24, 2014 to remove hardware apparently deployed to treat an ulnar fracture. The applicant's attorney subsequently appealed. In a medical-legal evaluation of April 2, 2013, it was stated that the applicant had no significant past medical history but was status post ORIF of an ulnar radial fracture on October 9, 2012. In a November 25, 2013 progress note, the applicant was given prescriptions for Ultram, Lidoderm, and multiple topical creams. Authorization was sought for the applicant to undergo a left forearm hardware removal surgery. On December 30, 2013, the applicant was again placed off of work, on total temporary disability, and was described as pending the hardware removal surgery in question. Authorization for the DVT device was apparently sought through a request for authorization form dated January 9, 2014. The note employed preprinted checkboxes and did not make any mention of the applicant's being at heightened risk for DVT. Preoperative cardiac assessment of January 24, 2014 was notable for comments that the applicant had a past medical history notable for nephrolithiasis, insomnia, and depression. The applicant was cleared for surgery from a cardiac perspective. In a January 24, 2014 operative report, the applicant underwent removal of left forearm hardware through two incisions. The wound was closed. The procedure was apparently uneventful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**21 DAYS USE OF POSTOPERATIVE DVT (DEEP VEIN THROMBOSIS)**

**PREVENTION SYSTEM:** 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 the Non-MTUS website Medscape article, Deep Venous Thrombosis Prophylaxis Based on Risk Stratification Levels (<http://emedicine.medscape.com/article/1268573-overview#showall>).

**Decision rationale:** The MTUS does not address the topic. As noted by Medscape, orthopedic patients can be placed into one of four strata in terms of DVT risk based on an applicant's age, individual risk factors, and nature of the surgery which an applicant is undergoing. In this case, the applicant underwent a minor hardware removal surgery which apparently took place through incisions in the skin. The applicant had no personal history of earlier DVT or any family history of DVT. The applicant's DVT risk factor score, per Medscape was 1. No specific prophylaxis is required in this low-risk group other than elevating and aggressive mobilization, Medscape notes. Thus, DVT prophylaxis was not indicated here, given the low-risk surgery which the applicant underwent (hardware removal through incisions in the skin) and lack of any personal or familial risk factors. The request for 21-day use of postoperative dvt (deep vein thrombosis) prevention system is not medically necessary or appropriate.