

Case Number:	CM14-0153606		
Date Assigned:	09/23/2014	Date of Injury:	11/14/2011
Decision Date:	12/02/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/19/2014

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:

The claimant has dates of injury of 11/14/11 and 7/30/13. A DVT intermittent compression device, date of service 06/17/14, is under review. She underwent trigger finger release on 06/17/14. Follow-up exam showed stiffness in the digit and tenderness along the ulnar aspect of the hands. She had improved left shoulder motion and pain. On 05/28/14, when she was evaluated prior to surgery, there is no mention of any increased risk due to a past medical history of a coagulation disorder and on 06/06/14, her prior medical history did not include any risk factors or history of thrombosis. There was no history of thrombophlebitis or DVT.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT INTERMITTENT COMPRESSION DEVICE (DOS 6-17-14): 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 Other Medical Treatment Guideline or Medical Evidence: Qaseem A, Chou R, Humphrey LL, Starkey M, Shekelle P, for the Clinical Guidelines Committee of the American College of Physicians. Venous thromboembolism prophylaxis in hospitalized patients: a clinical practice guideline from the American College of Physicians. Ann Intern Med. 2011 Nov 1;155(9):625-32.

Decision rationale: The history and documentation do not objectively support the request for DVT intermittent compression device on 06/17/14. The MTUS and ODG do not address this type of treatment. The listed guideline states mechanical compression for prevention of DVT is "not recommended." Surgery for a trigger finger is considered low risk for DVT as surgery is not prolonged. Also, there is no evidence of a past history of risk factors for DVT. Therefore, the medical necessity of a DVT intermittent compression device has not been clearly demonstrated.