MAXIMUS Federal Services

Case Number:	CM14-0173307		
Date Assigned:	10/24/2014	Date of Injury:	02/25/2013
Decision Date:	12/24/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/20/2014

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 Internal 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 injured worker (IW) is a 48-year-old man who sustained a work related injury on February 25, 2013 after a fall while working as a gardener. The IW fractured his right wrist after the fall, and underwent an open reduction internal fixation (ORIF) followed by physical therapy sessions with little benefit. ORIF of the right wrist was performed March 6, 2013. The IW had hardware removal surgery on February 19, 2014. Pursuant to the progress note dated August 6, 2014, the IW continues to complain of constant pain in the right hand. Objective findings reveled right upper extremity and right wrist were negative for Phalen's and Tinel's test. Sensation was intact in all digits. Diagnoses include: Right distal radius fracture, s/p ORIF and hardware removal. Past medical history is positive for high cholesterol. Current medication includes Naproxen. X-rays of the right wrist dated August 18, 2014 reveled unremarkable study with no signs of arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent limb compression device times 30 days: 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: Pursuant to the Official Disability Guidelines, the intermittent limb compression device for 30 days is not medically necessary. Treatment for venous thrombosis is recommended at identifying subjects were at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation. The relative risk for venous thrombosis is threefold greater following minor surgery, especially if injury occurs in the four weeks prior to thrombosis, is located in the leg and involves multiple injuries or rupture of muscle or ligament. Risk of venous thrombosis is higher in those with leg injury combined with family history clotting deficiencies. Deep vein thrombosis (DVT) refers to the formation of thrombus (blood clot) within a deep vein, commonly in the thigh or calf. In this case, the injured worker is a 48-year-old man who underwent surgery of the wrist to remove hardware. There is no indication or documentation in the medical record that this removal has any association with an inability to ambulate. Additionally, DVT's are more common with surgeries involving the lower extremities not the wrist and there were no risk factors for DVT in the past medical history. There is no documentation to support the use of an intermittent compression device for upper extremity surgery. Consequently, the intermittent compression device is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the intermittent compression device for 30 days is not medically necessary.