

Case Number:	CM14-0084686		
Date Assigned:	07/21/2014	Date of Injury:	07/02/2013
Decision Date:	08/27/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/06/2014

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 55-year-old male sustained an industrial injury on 7/2/13, due to a fall. The accepted injuries include the low back, neck, and left wrist. The 4/1/14 left hand MRI impression documented a small cystic structure over the dorsum of the wrist consistent with a ganglion cyst. The wrist showed mild degenerative changes. The 4/30/14 treating physician progress report indicated the patient reported constant pain over the dorsum of the left wrist. Pain increased with hand use. Physical exam documented swelling and tenderness over the long finger carpometacarpal (CMC) joint with a palpable mass. There was mild swelling in the proximal interphalangeal and distal interphalangeal joints of all fingers consistent with underlying arthritis. Neurologic exam was within normal limits. Carpal tunnel provocative signs were negative. MRI review showed carpal boss at the index and long CMC joint with an associated dorsal ganglion versus tenosynovitis involving the extensor tendons. The treatment plan recommended proceeding with left wrist carpal boss excision, excisional biopsy, and possible CMC fusion. The treatment plan also requested sequential compression device to be used during surgery. The 6/4/14 utilization review certified the request for left wrist carpal bone excision and excisional biopsy. The request for sequential compression was denied as there was no history of circulatory abnormalities or clinical findings that would support the need.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sequential compression device used during surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

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

Decision rationale: 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. This procedure does not require a prolonged recumbent posture and ambulatory ability will not be hindered in the post-operative period. 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 a sequential compression device used during surgery is not medically necessary.