

Case Number:	CM14-0098244		
Date Assigned:	07/28/2014	Date of Injury:	03/24/2014
Decision Date:	09/23/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/26/2014

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 Surgeon and is licensed to practice in Texas. 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 is a 35-year-old male who reported an injury on 03/24/2014. The injured worker reportedly smashed his index and middle fingers while pounding a post. The current diagnoses include status post left long finger ORIF, status post cross finger flap, and status post separation of the cross finger flap. The injured worker was evaluated on 04/30/2014 with complaints of minimal pain and an inability to move the fingers. The injured worker was currently utilizing a Silvadene ointment. Physical examination revealed a scar over the volar radial distal phalanx, an inability to make a full, compound fist, severe stiffness of the MP, PIP, DIP of the left index, long, ring, and small fingers, and edema extending from the dorsal hand to the tip of the index, long, ring, and small fingers. X-rays of the left long finger obtained in the office on that date revealed a healed distal phalanx fracture. Previous conservative treatment is noted to include immobilization, occupational therapy, a nerve block, and medications. Treatment recommendations at that time included authorization for removal of 2 temporary fixation pins from the distal phalanx. A Request for Authorization Form was then submitted on 05/10/2014 for an open treatment of the open fracture of the left long finger distal phalanx.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for DVT (Deep Vein Thrombosis) compression sleeves, QTY: 2 for the service date of 04/16/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery (<http://emedicine.medscape.com/article/1268573-overview#aw2aab6b3>).

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

Decision rationale: The Official Disability Guidelines recommend monitoring the wrist of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. There was no Physician's Progress Report or Request for Authorization form submitted on the requesting date of 04/16/2014. There was also no indication that this injured worker is at high risk for developing a deep vein thrombosis. As the medical necessity had not been established, the request is not medically appropriate.