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| Case Number: | CM14-0145368 | | |
| Date Assigned: | 03/09/2015 | Date of Injury: | 07/19/2010 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 08/29/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for complex regional pain syndrome reportedly associated with an industrial injury of July 19, 2010. In a Utilization Review Report dated August 29, 2014, the claims administrator denied a mechanical compression device for venous thromboembolism prophylaxis, apparently employed on May 15, 2014. On May 5, 2014, the applicant underwent a right-sided carpal tunnel release surgery. Procedure time was 10 minutes. The procedure was uncomplicated, the attending provider remarked. In an August 5, 2014 progress note, the applicant was placed off of work, on total temporary disability. The applicant's complete medication list included Robaxin, Motrin, and Voltaren gel. The applicant did not apparently have any significant medical history.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mechanical Compression Device and Sleeves for VTE Prophylaxis: 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

<http://www.bssh.ac.uk/education/guidelines/vteguidelines> VTE Guidelines Thrombosis Risk Factors Active cancer or cancer treatment. Known thrombophilias, Obesity (BMI > 30 kg/m²) Personal history or first-degree relative with a history of VTE. Use of HRT. Use of oestrogen-containing contraceptive Age > 60 No Risk, Upper limb procedure under GA of less than 90 minutes duration, without risk factors. No prophylaxis required. Upper limb procedures under local or regional blockade, with or without risk factors. No prophylaxis required. Low or Moderate risk. Upper limb procedure under GA > 90 minutes Upper limb procedure under GA + ancillary lower limb procedure. Upper limb procedure under GA + one additional risk factor (see above). Use mechanical compression devices in the operating room and until mobile Higher risk Upper limb procedure under GA >90 minutes + >1 risk factor Upper limb procedure under GA + ancillary lower limb procedure >60 minutes + >1 risk factor. Use mechanical compression devices in the operating room and until mobile. Consider LMWH started no less than 6 hours post-operatively until fully mobile. Beware alternative risk of bleeding in some procedures. Carefully document the balanced decision for the individual patient. Patient may need to continue LMWH after discharge from hospital. Bleeding Risk Factors. Due to the increased risks of a localized hemorrhage in the operative field after chemical thromboprophylaxis, some operations will carry a higher risk of failure (a bleed under a graft or a flap may lead to complete loss of the tissue transposed) or complications provoked by anticoagulation in, for example, widespread soft tissue trauma or surgical dissection (compartment syndrome) and bone grafting (significant hemorrhage).

Decision rationale: No, the request for a mechanical compression device and sleeve for venous thromboembolism prophylaxis was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the British Society for Surgery of the Hand (BSSH) notes that the risk factors for venous thromboembolism prophylaxis include obesity, active cancer or cancer treatment, known thrombophilias, use of hormone replacement therapy, a familial history of DVT, age greater than 60, and/or a complicated/lengthy surgical procedure. BSSH notes that no prophylaxis requires an applicant to undergo a procedure less than 90-minute duration. Here, the procedure, a carpal tunnel release surgery, took 10 minutes. The procedure, thus, by all accounts, was uncomplicated. The applicant did not seemingly have any risk factors for development of a post-operative DVT. Therefore, the request was not medically necessary.