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| Case Number: | CM14-0205329 | | |
| Date Assigned: | 12/17/2014 | Date of Injury: | 08/27/2012 |
| Decision Date: | 02/05/2015 | UR Denial Date: | 12/04/2014 |
| Priority: | Standard | Application Received: | 12/08/2014 |

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. The expert reviewer is Board Certified in Plastic Surgery and is licensed to practice in Maryland. 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 patient is a 44 year old female with a reported date of injury on 8/27/12 who requested pneumatic compressive devices during her surgery. She was documented to have a painful, right trigger thumb. Her weight is 140 pounds and she is 5 feet 4 inches tall. Her past medical history is only significant for shoulder complaints. She underwent right trigger finger release on 8/6/14. Anesthesia records appear to show that the total operative time was less than 45 minutes. UR dated 12/2/14 did not certify the request as 'There is no peer review literature that indicates that this procedure significantly increases the risk of DVT. The procedure is not considered high risk for DVT nor is it a procedure of long duration.'

IMR ISSUES, DECISIONS AND RATIONALES

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

Pressure Pneum Appl Half Leg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee venous Thrombosis (DVT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Venous thrombosis; Davison, Steven Paul; Venturi, Mark L.; Attinger, Christopher E.; Baker, Stephen

B.; Spear, Scott. Prevention of Venous Thromboembolism in the Plastic Surgery Patient. *Plastic & Reconstructive Surgery*. 114(3):43e-51e, September 1, 2004.

Decision rationale: The patient is a 44 year old female who underwent right thumb trigger finger release on 8/6/14. The medical documentation does not suggest that the patient has many risk factors that put her at risk for a deep vein thrombosis. The operative time appears less than 1 hour. However, based on the patient's age and that she underwent general anesthesia, she is at moderate risk for venous thromboembolism (VTE). ODG recommendations, per the utilization review, discuss measures as consideration for anticoagulation therapy. Based on the medical records provided, there is no indication for the use of anticoagulation therapy in this patient. The operative procedure is short and the patient is a relatively health individual. However, the concern is that the patient may be at moderate risk for VTE based on the patient's age and undergoing general anesthesia. ODG guidelines state that 'even aspirin patients should receive sequential compression as necessary.' From the provided reference, Davison et al., moderate risk patients are defined as Patients in the moderate-risk group are those undergoing minor surgery with additional risk factors, patients between the ages of 40 and 60 years with no additional risk factors, and patients less than 40 years old having major surgery with no additional risk factors. As stated, 'Intermittent pneumatic compression stockings are recommended for solo prophylaxis in both the moderate- and high-risk groups....' Thus, intermittent pneumatic compression stockings are recommended for moderate risk patients. This patient in this review should be considered at moderate risk and thus pneumatic compressive devices should be considered medically necessary for this patient.