

<b>Case Number:</b>	CM15-0167590		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	08/21/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47 year old male, who sustained an industrial injury on 8-21-14. He reported pain in the right hand and fingers. The injured worker was diagnosed as having left lateral epicondylitis, status post right small finger fusion, soft tissue avulsion injury to the right ring finger, status post right thumb amputation, and status post crush injury and laceration to the right index, middle, ring, and small fingers. Treatment to date has included 3 right hand and finger surgeries, occupational therapy, and medication. Currently, the injured worker complains of pain in the fingers of the right hand. The treating physician requested authorization for retrospective deep vein thrombosis intermittent pneumatic compression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Deep Vein Thrombosis (DVT) Intermittent Pneumatic Compression:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Online Version, Compression Garments, Venous Thrombosis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bates SM, Jaeschke R, Diagnosis of DVT: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians (ACCP) evidence-based clinical practice guidelines. Chest 2012 Feb; 141 (2 Supply):e351 S-418 S and Supply: 195 S-e226 S.

**Decision rationale:** The claimant sustained a right hand and finger injury in August 2014 as the result of a crush injury when he was trying to clean that moving rollers of a plastic bag manufacturing machine. He sustained a right thumb amputation and multiple finger lacerations. In May 2015 a right fifth finger distal interphalangeal joint fusion was done. Authorization is being requested for rental of an intermittent pneumatic compression device for DVT prophylaxis. Deep venous thrombosis prophylactic therapy is routinely utilized in the inpatient setting with major abdominal, pelvic, extremity or neurologic surgery, or following major trauma. In this case, the claimant has no identified high risk factors for developing an upper extremity deep vein thrombosis or history of prior thromboembolic event. He had not undergone a major surgical procedure. If prophylaxis was indicated the claimant would not be expected to be intolerant of other means of prophylaxis including an oral anticoagulant. The use of the requested unit was not medically necessary for this claimant's post-operative treatment.