

<b>Case Number:</b>	CM15-0183546		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	11/24/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: 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] beneficiary who has filed a claim for chronic hand pain reportedly associated with an industrial injury of November 24, 2013. In a utilization review report dated September 11, 2015, the claims administrator failed to approve a request for an intermittent limb compression device apparently employed and/or dispensed on or around June 3, 2015. On an operative report dated June 3, 2015, the applicant underwent a right ECU tendon repair procedure to ameliorate preoperative diagnosis of right ECU tendon tear. On June 12, 2015, the applicant was placed off of work, on total temporary disability and employed a splint. The applicant was asked to participate in hand therapy. The applicant's medical history was not detailed on this date. On an October 9, 2014 office visit, the applicant was described as using no current medications. The applicant had undergone two C-sections, a cholecystectomy, and a lymphoma removal, it was reported. On a medical-legal evaluation of August 21, 2015, it was stated the applicant had had a lipoma mass removed, had had a cholecystectomy, and also had two C-sections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective intermittent limb comp device and segment gradient pressure pneumatic appliance bilateral (DOS 6/3/15): Upheld**

**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, under Deep Venous Thrombosis.

**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>. The British Society for Surgery of the Hand, VTE Guidelines: Thrombosis Risk Factors. Active cancer or cancer treatment. Known thrombophilias. Obesity (BMI > 30 kg/m<sup>2</sup>). 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.

**Decision rationale:** No, the request for an intermittent limb compression device and associated pneumatic appliance application was not medically necessary, medically appropriate, or indicated here. The request in question seemingly represented a request for DVT prophylaxis following an ECU tendon repair surgery which transpired on the date in question, June 3, 2015. The MTUS does not address the topic. However, The British Society for Surgery of the Hand notes that claimants who undergo upper limb procedures under general anesthesia of less than six months' duration without risk factors, as seemingly transpired here, do not require any DVT prophylaxis. Here, the claimant underwent a relatively minor hand ECU tendon repair procedure. There is no mention of the applicant's being at heightened risk for development of a DVT postoperatively. There is no mention of the applicant's being substantially immobile postoperatively. There is no mention of the applicant's carrying a diagnosis or disease process such as prior thromboembolism, neoplasm, blood dyscrasias, etc., which would have compelled provision of the device in question. While a historical progress note suggested the applicant had a history of lymphoma removal, a medical-legal evaluation of August 21, 2015 stated that this history in fact represented a history of lipoma removal. It did not appear that the applicant was at significant risk for development of a DVT postoperatively following the relatively minor wrist surgery which transpired here. The attending provider did not set forth a clear or compelling case for provision of the device at issue. Therefore, the request was not medically necessary.