

Case Number:	CM15-0087552		
Date Assigned:	05/11/2015	Date of Injury:	10/31/2014
Decision Date:	06/16/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/06/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 56-year-old male, who sustained an industrial injury on 10/31/14. The injured worker has complaints of a pulling sensation when he makes a tight fist that is felt in his long finger and he has some pain at times when gripping with his left hand that goes up to his forearm. The documentation noted that the injured worker has some mild tenderness and with his index and long fingers held in extension, he cannot flex the proximal interphalangeal joint. The diagnoses have included post laceration of the left long finger flexor digitorum superficialis tendon in zone 111 with repair and dehiscence of repair. Treatment to date has included magnetic resonance imaging (MRI) of the left hand showed a rupture of the repair; therapeutic exercises; ultrasound to the left middle finger; cold pack with electrical stimulation to the left middle finger and hand and hydrocortisone cream. The request was for retrospective request for venaflo calf cuffs x 2 purchase to use with compression device (left hand).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Venaflo calf cuffs x 2 purchase to use w/ compression device (left hand): 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), Forearm, Wrist & Hand - Vasopneumatic devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pai M, et al. Prevention of venous thromboembolic disease in surgical patients. Topic 1339, version 68.0. UpToDate, accessed 03/29/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. Mechanical compression devices can be used in the prevention of blood clots after surgery. Some issues that raise someone's risk for this complication include increased age, prior blood clot, a family history of blood clots, the presence of cancer or obesity, current or recent pregnancy, or a condition that causes blood clots to form. The submitted and reviewed documentation indicated the worker was experiencing left hand discomfort with gripping that went into the forearm after surgery on 11/07/2014 to repair a damaged tendon. The reviewed records did not document an individualized risk assessment for blood clots. There was no suggestion the worker had any of the above risks or description of symptoms or signs of a condition that would increase the risk of forming blood clots. In the absence of such evidence, the current request for the purchase of two venaflo calf cuffs to use with a compression device for the left hand is not medically necessary.