

Case Number:	CM14-0091414		
Date Assigned:	07/25/2014	Date of Injury:	11/12/2006
Decision Date:	09/19/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 35-year-old male with a date of injury of 11/12/2008. The listed diagnosis per [REDACTED] is status post right carpal tunnel release from 12/13/2013 with wound healing well with no signs of infection. According to progress report 12/13/2013, the patient is noted to have a higher risk of developing DVT due to the type of surgery performed combined with other risk factors. Treater recommended a VTE prophylaxis involving the use of a pneumatic compression device and the necessary appliances. This is a retrospective review of VenaFlow system pneumatic compression device date of service 12/13/2013. Utilization review denied the request on 06/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Venaflo System Pneumatic Compression Device DOS 12/13/13:
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 and leg Chapter, Compression Garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Venous Thrombosis for upper extremity surgery.

Decision rationale: This patient is status post right carpal tunnel release on 12/13/2013. The provider states the patient is at a higher risk of developing of DVT due to the type of surgery performed combined with other risks. This is a retrospective request of VenaFlow system pneumatic compression device DOS 12/13/2013. The ACOEM and MTUS guidelines do not discuss DVT compression devices. ODG has the following regarding Venous thrombosis: "Recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." In this case, the provider does not discuss recommended duration of use. The MTUS Guideline recommends the duration of postoperative use of continuous-flow cryotherapy to be 7 days. The use of the cold therapy unit outside of the postoperative 7 days is not medically necessary.