MAXIMUS Federal Services

Case Number:	CM14-0216003		
Date Assigned:	01/06/2015	Date of Injury:	01/31/2012
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50-year-old female with a work related injury dated January 7, 2011. At the physician's visit dated December 8, 2014, the worker was being evaluated for surgery to consist of a right trigger finger release. Exam and diagnostic studies during this visit were unremarkable for any adverse finding. The physician's visit dated November 3, 2014 was remarkable for triggering of the right long finger. Pasty history has included carpal tunnel release, three cortisone injections to the right long finger. Physical exam was remarkable for tenderness in the cervical paravertebral muscles and the upper trapezius region. Flexion of the neck was 35 degrees with increased neck pain. Extension was 30 degrees with increased pain in the cervical paravertebral muscles. There was also pain with palpation of the subacromial bursa on the right. Range motion was decreased on the right in all motions tested, range of motion of the elbows was normal. Sensation was decreased to light touch in the median nerve distribution of the right. Range of motion of the lumbar spine was flexion 50 degrees and extension 5 degrees with increased low back pain. Diagnosis at this visit included status post left and right hand carpal tunnel release and stenosing tenosynovitis of the right long finger. Treatment plan at this visit was for right long finger trigger release surgical procedure. The utilization review decision dated December 15, 2014 non-certified the request for a pneumatic compressor to prevent deep vein thrombosis following surgery. The rationale for non-coverage stated that evidence based guidelines support the use of mechanical methods for reducing the incidence of deep vein thrombosis in workers with moderate, high and very high risk for deep vein thrombosis. The documentation reviewed supported a pending right long finger trigger release that had been authorized and a request for

pneumatic compressor to prevent deep vein thrombosis. However, with no evidence of an increased risk of deep vein thrombosis the request was non-certified as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Pneumatic compressor, for surgery on 12-12-14.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Venous Thrombosis

Decision rationale: This patient presents with left wrist pain, triggering of the right long finger and is 3 days s/p left carpal tunnel release. The treater has asked for pneumatic compressor, for surgery on 12/12/14 but the requesting progress report is not included in the provided documentation. There is no discussion of DVT prophylaxis in the ODG hand/wrist chapter, so the shoulder chapter was consulted. Regarding compression DVT prophylaxis, ODG guidelines state: "The administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures. ODG states that the incidence of DVT can increase depending on invasiveness of the surgery, postoperative immobilization period and use of central venous catheters. In this case, there is no discussion regarding any specific risk factors for an upper extremity DVT. The proposed surgery is a trigger finger release for which DVT prophylaxis is not recommended per ODG. It is unlikely that the patient will have any significant post-operative period of immobilization and no central venous catheter is being proposed. The request is not medically necessary.