

Case Number:	CM15-0005067		
Date Assigned:	01/16/2015	Date of Injury:	03/18/2013
Decision Date:	03/30/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/09/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 63 year old female with an industrial injury dated 03/18/2012 - 03/18/2013. She began experiencing pain, numbness, swelling, tingling and twitching in both upper extremities. In February 2013 she had an injury to her right ring finger when it was jammed by doors that opened. The injured worker had a pre-operative visit dated 01/29/2014 with surgery scheduled for 04/14/2014. On the 07/23/2014 follow up visit she remained symptomatic with left hand/wrist pain and left elbow pain. She was instructed to use bilateral wrist braces, medications and physical therapy. (Surgery listed below) Prior treatments include physical therapy, left elbow arthrotomy with external neurolysis of ulnar nerve at the elbow and modified medial epicondylectomy and left carpal tunnel release using endoscopic AGEE technique (04/14/2014). On 12/11/2014 utilization review issued a decision of non-certification for DVT compression device used intraoperative on the day of surgery 04/14/2014. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Compression Device Used Intraoperatively on Day of Surgery: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Section: Shoulder, Topic: Venous Thrombosis

Decision rationale: The incidence of deep vein thrombosis after upper extremity surgery is very rare. In shoulder arthroscopies it is 1 case per thousand. ODG guidelines recommend monitoring risk of perioperative thromboembolic complications and identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. The administration of DVT prophylaxis is not generally recommended in the upper extremity procedures. As such, the request for DVT compression device is not supported by guidelines and the medical necessity of the request is not substantiated.