

Case Number:	CM15-0011664		
Date Assigned:	01/29/2015	Date of Injury:	09/10/2013
Decision Date:	03/18/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/21/2015

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: Illinois, California, Texas
 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 49 year old male who sustained a work related injury on September 10, 2013, who had a crush injury of the left hand, wrist, and forearm resulting in diagnoses of a left distal radius complex fracture, left wrist complex fracture, and neuropathy. Past medical history was documented as negative. The patient underwent open reduction and internal fixation with proximal row carpectomy, ligamentous repair and tenolysis on 1/29/14. The 11/20/14 electrodiagnostic study evidenced left carpal tunnel syndrome and left ulnar entrapment at the level of the Guyon's canal. The 12/10/14 treating physician report requested neuroplasty of the median nerve at the carpal tunnel and ulnar nerve at Guyon's canal, flexor tenosynovectomy, and advanced tissue rearrangement and neuroplasty of the hand. The 1/6/15 utilization review denied a request for a deep venous thrombosis (DVT) device as a preventative measure against developing embolism, noting the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Vasopneumatic Therapy; Continuous Flow Cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder: Deep vein thrombosis (DVT); Venous Thrombosis

Decision rationale: The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) recommend identifying subjects who are at a 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 upper extremity procedures. Guideline criteria have not been met. There are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request for a DVT (deep vein thrombosis) device is not medically necessary.