MAXIMUS Federal Services

Case Number:	CM15-0014939		
Date Assigned:	02/02/2015	Date of Injury:	12/14/2011
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/26/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male patient, who sustained an industrial injury on 12/04/2004. A surgical procedural visit note dated 01/06/2014 described the patient having had undergone a right endoscopic, open cubital tunnel release and medical epicondylectomy without issue. A retrospective request was placed asking for authorization for a Venaflow System pneumatic compression device unit and on 12/30/2014 Utilization Review non-certified the retro request, noting the CA MTUS/ACOEM and Official Disability Guidelines, compression devices, Forearm, Wrist/Hand (Acute/Chronic) were cited. The injured worker submitted an application for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: VenaFlow System Pneumatic Compression Device (DOS: 01/06/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 Bates SM, Jaeschke R, Diagnosis of DVT: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest

Physicians (ACCP) evidence-based clinical practice guidelines. Chest 2012 Feb; 141 (2 Suppl):e351 S-418 S and Suppl: 195 S-e226 S

Decision rationale: The claimant has a history of a work injury occurring more than 10 years ago and underwent an endoscopic right carpal tunnel release with open right cubital tunnel release with medial epicondylectomy in January 2014 without apparent complication. The VenaFlow System combines rapid inflation and graduated sequential compression and is indicated for the prevention of thrombus formation. Deep venous thrombosis prophylactic therapy for prevention of DVT is routinely utilized in the inpatient setting with major abdominal, pelvic, extremity or neurologic surgery, or following major trauma. In this case, the claimant has no identified high risk factors for developing a lower extremity deep vein thrombosis or history of prior thromboembolic event and has not undergone a major surgical procedure. Therefore, this request is not medically necessary.