

Case Number:	CM15-0016857		
Date Assigned:	02/05/2015	Date of Injury:	01/05/2012
Decision Date:	03/24/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/29/2015

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 57 year old female, who sustained an industrial injury on 1/5/12, relative to a fall. She was diagnosed with chronic left third trigger finger, left ankle pain, and low back pain with left lower extremity symptoms. The 11/10/14 treating physician report cited grade 6/10 left wrist, hand, and 3rd finger pain, with triggering of the 3rd finger. She underwent left third A-1 pulley trigger finger release and tenosynovectomy of the flexor tendon and third middle finger on 11/24/14. A retrospective request was submitted for purchase of a post-op DVT (deep vein thrombosis) intermittent pneumatic compression device. On January 20, 2015 Utilization Review non-certified a request for post-operative deep vein thrombosis intermittent pneumatic compression device, noting that the documentation did not establish a clear reason why the purchase of the device was necessary following the surgery. The Official Disability Guidelines was cited. On January 29, 2015, the injured worker submitted an application for IMR for review of post-operative deep vein thrombosis intermittent pneumatic compression device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Post-operative Intermittent Pneumatic Compression 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, Knee and Leg (Acute and Chronic); Shoulder (Acute and Chronic)

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 is not medically necessary.