MAXIMUS Federal Services

Case Number:	CM13-0054465		
Date Assigned:	12/30/2013	Date of Injury:	04/01/2012
Decision Date:	09/22/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/19/2013

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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60-year-old male assembler sustained an industrial injury on 4/1/12. Injury occurred relative to assembling boxes. Past medical history was positive for diabetes. The 5/15/12 MRI revealed moderate tenosynovitis of the flexor tendons of the 4th digit at the metacarpal head, and a fracture of the 4th metacarpal. The patient was status post left ring finger trigger finger release on 8/2/12 with post-operative dynamic splinting. The patient underwent left 4th finger Dupuytren's fasciectomy, flexor tenolysis, and volar metocarpophalangeal joint capsulotomy on 9/25/13. The 11/8/13 utilization review denied the retrospective request for a DVT intermittent compression device as there was no rationale to support the medical necessity of a compression unit after routine hand surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO - DVT INTERMITTENT (LIMB) COMPRESSION DEVICE 9/25/2013: 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) SHOULDER CHAPTER, VENOUS THROMBOSIS.

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

Decision rationale: The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines 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.