MAXIMUS Federal Services

Case Number:	CM13-0049006		
Date Assigned:	06/09/2014	Date of Injury:	10/18/2013
Decision Date:	07/25/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

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 Physical Medicine & Rehabilitation 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 18 year-old patient sustained a left middle finger laceration injury with distal tuft avulsion on 10/18/13 from a metal edge while employed by [redacted]. Request under consideration include VASCUTHERM 4 WITH COLD/HEAT THERAPY AND COMPRESSION. The patient sustained a left middle finger distal phalanx fracture. Report of 10/22/13 from the provider noted patient with left long finger crush injury with open tuft fracture of left long finger. Exam showed large defect, aversion of nailbed, exposed underlying distal fracture. Medications listed Tramadol and Keflex. Treatment plan include surgical intervention. The patient is s/p left open surgical repair of distal phalanx, nail bed with volar flap cover. The patient underwent post-operative care to include medications and physical therapy. Report of 11/22/13 from the provider noted X-rays of finger showed good position of K-wire. Report of 12/6/13 from the provider noted the patient had well-healed V-Y flap; K-wire is out; DIP joint active flexion of 40 degrees with near full extension. The patient was instructed to gradually continue to use hand for range of motion and strength with f/u in 6-12 weeks to assess the regrowth of nail plate. The request for VASCUTHERM 4 WITH COLD/HEAT THERAPY AND COMPRESSION was non-certified on 10/29/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

VASCUTHERM 4 WITH COLD/HEAT THERAPY AND COMPRESSION: 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), Continuous cold therapy (CCT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Continuous cold therapy (CCT), page 74; Chapter-Forearm, Wrist, and Hand, Cold Packs, page 157.

Decision rationale: This 18 year-old patient sustained a left middle finger laceration injury with distal tuft avulsion on 10/18/13 from a metal edge while employed by [redacted]. Request under consideration include VASCUTHERM 4 WITH COLD/HEAT THERAPY AND COMPRESSION. The patient sustained a left middle finger distal phalanx fracture. Report of 10/22/13 from the provider noted patient with left long finger crush injury with open tuft fracture of left long finger. Exam showed large defect, aversion of nailbed, exposed underlying distal fracture. Medications listed Tramadol and Keflex. Treatment plan include surgical intervention. The patient is s/p left open surgical repair of distal phalanx, nail bed with volar flap cover. The patient underwent post-operative care to include medications and physical therapy. Report of 11/22/13 from the provider noted X-rays of finger showed good position of K-wire. Report of 12/6/13 from the provider noted the patient had well-healed V-Y flap; K-wire is out; DIP joint active flexion of 40 degrees with near full extension. The patient was instructed to gradually continue to use hand for range of motion and strength with f/u in 6-12 weeks to assess the regrowth of nail plate. The request for VASCUTHERM 4 WITH COLD/HEAT THERAPY AND COMPRESSION was non-certified on 10/29/13 citing guidelines criteria and lack of medical necessity. It is unclear for what duration of rental or purchase is the request in question. Per manufacturer, the vascutherm device provides heat and cold compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. The patient underwent an upper extremity one digit surgery for distal phalanx fracture with volar flap. The provider has requested for this vascutherm hot/cold compression unit; however, has not submitted reports of any risk for deep venous thrombosis resulting from required non-ambulation, immobility, obesity or smoking factors. Rehabilitation to include mobility and exercise are recommended post-surgical procedures as a functional restoration approach recommended by the guidelines. MTUS Guidelines is silent on specific use of vascutherm cold/heat compression therapy, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. The VASCUTHERM 4 WITH COLD/HEAT THERAPY AND COMPRESSION is not medically necessary and appropriate.