

Case Number:	CM14-0015243		
Date Assigned:	02/28/2014	Date of Injury:	05/31/2012
Decision Date:	07/31/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/06/2014

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 Occupational Medicine 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:

The patient is a 46-year-old male who has submitted a claim for post amputation of distal phalanx of right index finger and antenna procedure for right long finger associated with an industrial injury date of May 31, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of right hand finger pain and issues with the fingernails. Physical examination showed right index finger was amputated at the distal interphalangeal joint and the proximal interphalangeal joints are only bending 60 degrees for each finger. Treatment to date has included NSAIDs, opioids, antidepressants, home exercise programs, post-operative physical therapy, and surgery (10/30/13). Utilization review from January 22, 2014 denied the request for intermittent limb compression device 30 day rental for the right hand (DOS: 10/30/13) because there was no documented increased risk for post-operative complications in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent limb compression device 30 day rental for the right hand (DOS: 10/30/13):

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Vasopneumatic Devices.

Decision rationale: The CA MTUS does not specifically address vasopneumatic devices. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, vasopneumatic devices are recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling; or for home-use as an option for the treatment of lymphedema after a four-week trial of conservative medical management that includes exercise, elevation and compression garments. In this case, the patient underwent amputation of the right index distal phalanx and antenna procedure for long finger with excess nailbed that was curving over the distal. The request is for an intermittent limb compression device for the anticipated post-operative edema. Medical necessity was established in this case. Therefore, the request for intermittent limb compression device 30 day rental for the right hand (DOS: 10/30/13) was medically necessary.