

Case Number:	CM14-0208260		
Date Assigned:	12/22/2014	Date of Injury:	10/28/2010
Decision Date:	02/18/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 58-year-old man who sustained a work-related injury on October 28, 2010. Subsequently, the patient developed right finger injury. The patient underwent multiple right hand/finger surgeries and cortisone injections. MRI of the right hand done on July 28, 2014 showed scattered osteoarthritic changes, fracture deformity of the left ulnar styloid, appears chronic. According to a progress report dated September 26, 2014, the patient reported continued wrist pain, abnormal finger, stiffness in fingers, and increased pain in fingers of the right hand with certain activities. On examination there was tightness along 80-85 degrees of flexion, no change in range of motion of the fingers, and evidence of volar plate contraction. The patient was diagnosed with right index finger flexion contracture PIP joint and right index finger extension contracture DIP joint. The provider recommended another hand/finger surgery. The provider requested authorization for Purchase of DVT Max device for right hand/fingers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of DVT Max device for right hand/fingers: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compression Garments. , <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, compression garments < Recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. See also Lymphedema pumps; Venous thrombosis. Recent research: There is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome (PTS) after first-time proximal deep venous thrombosis (DVT). The findings of this study do not support routine wearing of elastic compression stockings (ECS) after DVT. PTS is a chronic disorder affecting 40%-48% of patients during the first 2 years after acute symptomatic DVT. The American College of Chest Physicians currently recommends wearing compression stockings with 30-40 mm Hg pressure at the ankle for 2 years to reduce the risk of developing PTS, but the data supporting this recommendation are inconsistent, and come from small randomized trials without blinding. This high quality double-blind randomized trial compared compression stockings to sham stockings (without therapeutic compression) in 806 patients with proximal DVT and concluded otherwise.>There is no documentation that the patient is at increased risk of deep venous thrombosis or has a vascular condition requiring a compression stocking. Therefore, the request is not medically necessary.