

Case Number:	CM15-0058488		
Date Assigned:	04/03/2015	Date of Injury:	04/01/2009
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/27/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 59-year-old female sustained an industrial injury to bilateral thumbs via repetitive trauma on 4/1/09. The injured worker was diagnosed with bilateral thumb carpometacarpal degenerative joint disease. Previous treatment included carpometacarpal controller braces, injections, physical therapy and medications. On 5/28/14, the injured worker underwent right thumb carpometacarpal arthroplasty and abductor pollicis longus tendon graft. On 5/27/14, a request for authorization was submitted for a postoperative pain pump, a cold compression unit and a pneumatic compression device rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Segmental Pneumatic Appliance for the right wrist for date of service

5/28/14: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and Hand ; Vasopneumatic devices.

Decision rationale: ODG states that "Recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling. They may be considered necessary to reduce edema after acute injury. Education for use of lymphedema pump in the home usually requires 1 or 2 sessions. Further treatment of lymphedema by the provider after the educational visits is generally not considered medically necessary. The treatment goal of vasopneumatic devices, such as intermittent compression therapy, is to reduce venous hypertension and edema by assisting venous blood flow back toward the heart. (McCulloch, 1995) (Moseley, 2007) See also Lymphedema pumps".The patient had a carpometocarpal arthroplasty and abductor pollucis longis tendon graft on 5/28/14. Given the type of surgery performed and edema that would result, use of such a devices would be medically appropriate to reduce edema after surgery. As such, the request for a Pneumatic appliance for wrist is medically necessary.