

<b>Case Number:</b>	CM14-0121742		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/18/2009
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Family 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 injured worker is a 69 year old male who had a work related injury on 07/18/09. The mechanism of injury was not described. The most recent medical record dated 09/04/14 the injured worker was seen for right thumb pain status post work injury. He has been complaining of on and off right thumb pain which becomes constant when right thumb touches any surface. He rated his pain at 1-4/10 on a pain scale. Pain is aggravated with writing, texting, turning buttons, and drawing and improves while not using his right thumb. He described his pain as a sharp, throbbing type pain when the right thumb touches any surface. Tingling, numbness involving the thumb. The pain is limiting his work, home, social, and recreational outdoor activities. It also affects his sleep. He was recommended orthopedic hand consultation since he continues to have stump pain at the right thumb. He has previously been on Anaprox and Prilosec which were stopped by the injured worker. He does not prefer oral medication. All medications were stopped on 06/05/14. On physical examination reveals alert, awake, and well-oriented to time, place, and person. Systemic examination is normal. Examination of gait shows non-limping, non-favoring gait. Examination of the neck is normal. Cervical spine movements are normal. Examination of the mid and lower back is normal. Thoracic and lumbar spine movements are normal. Examination of the right thumb shows partial amputated right thumb which is 1 inch shorter than the left thumb. Tip of the right thumb is sensitive, nail bed distorted and light touch causes radiating right thumb pain. Jamar dynamometer strength in the right is 55, on the left is 55 and 50/50 bilaterally on the 2nd and 3rd trial. Sensory examination, motor examination reflexes were all normal. Diagnosis status post amputation and subsequent reattachment to the right thumb related to a work injury on 07/18/09 with a residual. Hook and nail deformity involving the right thumb, amputated stump pain. Stress syndrome, (anxiety, depression, insomnia). Prior utilization review on 07/16/14 certified the right thumb revision of

the amputation and right thumb ablation of the fingernail, certified 1 time pre-op visit with an internist or general practitioner to include surgical clearance. Non-certified the surgical clearance. Non-certification of the vascutherm 4 DVT system with hot and cold compression rental x 2 weeks. Current request is for a surgical clearance. Vascutherm 4 DVT system and hot/cold compression rental x 2 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Surgical Clearance:** 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) Online version, Preoperative testing, general

**Decision rationale:** Prior utilization review on 07/16/14 certified the right thumb revision of the amputation and right thumb ablation of the fingernail, certified 1 time pre-op visit with an internist or general practitioner to include surgical clearance. A second surgical clearance is not necessary. As such, medical necessity has not been established and the request for surgical clearance is not medically necessary.

**Vascutherm4 DVT system with hot/cold compression rental x 2 weeks:** 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) Shoulder surgery, Compression garments

**Decision rationale:** Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery. Therefore, medical necessity has not been established and the request for Vascutherm4 DVT system with hot/cold compression rental x 2 weeks is not medically necessary.