MAXIMUS Federal Services

Case Number:	CM14-0148386		
Date Assigned:	09/18/2014	Date of Injury:	03/03/2012
Decision Date:	10/16/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/12/2014

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. 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 57-year-old male who has submitted a claim for right palmar fasciectomy, right third flexor tenolysis, status post right index finger stage II tendon reconstruction with palmaris longus tendon graft, right A2 and A3 pulley reconstruction with flexor tendon graft, neurolysis of right index ulnar and third finger radial digital nerves, and status post right 2nd and 3rd flexor tenolysis and right 2nd and radial and ulnar and 3rd radial digital nerve allografts associated with an industrial injury date of 03/03/2012.Medical records from 02/04/2014 to 09/15/2014 were reviewed and showed that patient complained of right hand and wrist pain graded 3/5. There was no documentation of history of DVT (deep vein thrombosis). Physical examination (07/28/2014) revealed well-healed incisions with slight swelling and tenderness, index finger circulation is intact with good capillary refill, slight active flexion of DIP (distal interphalangeal) and PIP (proximal interphalangeal) joints, and intact motor and sensory examination of right upper extremity except index and radial middle fingers.Treatment to date has included right index finger stage II tendon reconstruction with palmaris longus tendon graft (07/24/2014), right 2nd and 3rd flexor tenolysis and right 2nd and radial and ulnar and 3rd radial digital nerve allografts (02/04/2014), physical therapy, paraffin wax treatment, and pain medications.Utilization review dated 08/19/2014 denied the request for segmental pneumatic appliance 7 day rental (DOS 7/31/14 to 8/6/14) for the right hand because there was no documentation that the patient was at risk for developing DVT or has a history of DVT with prior surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Segmental Pneumatic Appliance 7 day rental (DOS 7/31/14 to 8/6/14) for the right hand: 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), Treatment Index, 11th Edition (web), 2014, Forearm, Wrist and Hand, Vasopneumatic Devices

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, & Hands, Vasopneumatic Devices

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guideline, Pain Chapter, was used instead. ODG recommends that vasopneumatic devices are recommended as an option to reduce edema after acute injury. 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. In this case, the patient complained of right wrist/hand pain and underwent recent right finger surgery (07/24/2014). Vasopneumatic appliance rental was made for 7 days post surgery. However, physical exam findings (07/28/2014) revealed absence of edema and good capillary refill of index finger. The guidelines only recommend vasopneumatic devices to reduce edema after surgery. There was no clear indication for vasopneumatic devices at this time. Therefore the request for a 7 day rental of the Segmental Pneumatic Appliance, DOS 7/31/14 to 8/6/14, for the right hand is not medically necessary.