

Case Number:	CM15-0015730		
Date Assigned:	02/03/2015	Date of Injury:	09/26/2002
Decision Date:	03/27/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/27/2015

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: 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:

This 68 year old female sustained a work related injury on 09/26/2002. According to a progress report dated 07/08/2014, the injured worker was seen for a preoperative consultation for right thumb surgery. Diagnoses included preoperative evaluation for right thumb surgery and sinus bradycardia. The injured worker was advised to stop the use of all anti-inflammatory, herbal and over the counter medications. On 07/17/2014, the injured worker underwent right ligament reconstruction tendon interposition arthroplasty otherwise known as thumb arthroplasty and FCR tendon transposition as well as x-ray of the thumb postoperatively. Diagnosis was right thumb CMC joint osteoarthritis. A request for authorization dated 07/17/2014 for an intermittent compression device with bilateral calf wraps was submitted with documentation. On 12/31/2014, Utilization Review non-certified rental intermittent limb comp device. According to the Utilization Review physician, there was no detailed discussion of the efficacy of prior surgeries or therapy. There was no documented clinical rationale for need for the durable medical equipment. There was no comparison with prior exams. Notes suggested that this was for deep vein thrombosis prevention. Based on the nature of the thumb surgery and considering other more generally recognized and efficacious means to "prevent surgery" in the immediate post-op period and considering that the duration of the rental is unknown and the lack of clear clinical rationale for the durable medical equipment, the request is not medically necessary. Guidelines were not provided. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental intermittent limb comp device: 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 Durable medical equipment (DME <http://www.odg-twc.com/index.html>)

Decision rationale: According to ODG guideline Durable medical equipment <Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature.>The term DME is defined as equipment which:(1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005)There is no documentation of the goals from using a DME. There is no documentation for the need of intermittent limb compression. Therefore, the request for is not medically necessary.