MAXIMUS Federal Services

Case Number:	CM15-0061044		
Date Assigned:	04/07/2015	Date of Injury:	08/26/2014
Decision Date:	05/13/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/31/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34-year-old male, who sustained an industrial injury on 8/26/2014. He reported a crush injury to the right hand from a concrete slab. The injured worker was diagnosed as severe crush injury to the right hand digits, status post-surgical repair and manipulation of a crushed right finger on 1/21/2015. Treatment to date has included therapy, surgery, home exercises and medication management. In a progress note dated 12/8/2014 and an operative note dated 1/21/2015, the injured worker complains of right hand pain, difficulty moving fingers and swelling and is status post right hand surgery/manipulation. The treating physician is requesting the retrospective purchase of a Pneumatic segmental compression application with calculation pressure from 1/21/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for purchase of Pneumatic segmental compression application with calculation pressure (1/21/15): 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder Chapter, Compression Garments The National Guidelines Clearinghouse.

Decision rationale: The patient presents on 12/08/14 with constant unrated right hand pain, most prominent in the right ring finger, with associated grip loss and weakness of the hand. The patient's date of injury is 08/26/14. Patient is status post manipulation under anesthesia of the right, middle, ring, and small finger MP and IP joints with capsulotomy and extensor, flexor tenolysis of the PIP joint in the right finger (right hand). The request is for RETROSPECTIVE REQUEST FOR PURCHASE OF PNEUMATIC SEGMENTAL COMPRESSION APPLICATION WITH CALCULATION PRESSURE. The RFA was not provided. Physical examination dated 12/08/14 reveals significant compromise in both active and passive range of motion in all fingers of the right hand, and mild diffuse tenderness to palpation of the 3 ulnar border digits in the right upper extremity. JAMAR testing reveals significantly decreased grip strength in the left hand compared with the right. The patient is currently prescribed Ibuprofen, Voltaren, Protonix, and Ultram. Diagnostic imaging included X-ray of the right hand dated 11/12/14, significant findings include: "there now appears to be osseous incorporation of the volar corner fracture fragment of the right finger middle phalangeal base... patchy diffuse osteopenia is present." Patient's current work status is not specified. MTUS and ODG do not discuss pneumatic compression therapy for hand complaints. Though ODG Shoulder Chapter, under Compression Garments states: "Not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery... It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors." The National Guidelines Clearinghouse also recommends, "Mechanical compression devices in the lower extremities are suggested in elective spinal surgery to decrease the incidence of thromboembolic complications." For duration of use, it recommends it from just prior to or at the beginning of surgery and continuation until the patient is fully ambulatory. Concerning an unspecified rental of a pneumatic compression system for the prevention of post-operative deep vein thrombosis, this patient does not meet guideline criteria. Such DVT prophylaxis units are typically utilized in patient's whose surgical recovery is expected to involve prolonged periods of bed rest; such as those undergoing spinal surgery or hip replacement. Progress notes indicate that this patient recently underwent minor right hand surgery/manipulation, a procedure that is unlikely to result in a prolonged period of bed rest, if any. This patient is also an otherwise healthy 34-year-old male with no documented coagulopathies, which would place him at increased risk of DVT. Furthermore, the requesting provider does not include duration of therapy, as compression is only utilized in the immediate post-operative period. Without a clearer rationale as to why this patient will require prolonged bed rest, additional DVT risk factors, or a duration over which DVT compression is to be applied, the medical necessity cannot be substantiated. The request IS NOT medically necessary.