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| Case Number: | CM15-0072733 | | |
| Date Assigned: | 04/23/2015 | Date of Injury: | 11/13/2014 |
| Decision Date: | 06/04/2015 | UR Denial Date: | 03/31/2015 |
| Priority: | Standard | Application Received: | 04/16/2015 |

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 26 year old, female who sustained a work related injury on 11/13/14. The diagnosis has included left thumb laceration with tendon involvement. The treatments have included physical therapy, use of a thumb spica brace and medication. In the PR-2 dated 3/7/15, the injured worker complains of left thumb soreness and weakness. She is status post left thumb surgery done on 12/5/14. In the Orthopedic note dated prior to surgery on 12/1/14, she presented to office with a left thumb laceration. She was unable to extend thumb. The treatment plan is a retrospective request for an intermittent limb compression device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Intermittent limb comp device, 30 day rental with a date of service of 12/05/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder and Knee and Leg Chapters.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Extremity Complaints: Durable Medical Equipment.

Decision rationale: Retrospective intermittent limb comp device, 30 day rental with a date of service of 12/05/2014 is not medically necessary. The ODG and CA MTUS does not have an exact statement on this; however, the guidelines provides current evidence on health and galvanic therapy, compression therapy, TENS, EMS, PEMF and permanent magnet is either lacking, limited, or conflicting. There is very low quality evidence that intermittent limb compression device is more effective than placebo. As it relates to this case intermittent limb compression device was recommended as solo therapy and not combined with an extensive functional restoration program; therefore, the requested service is not medically necessary.