

Vanguard MedReview, Inc.

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May 30, 2018, amended June 4, 2018, amended June 6, 2018

IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Vector 1 CPM Device for right hand rental and glove soft goods purchase

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This case was reviewed by a Board Certified Doctor of Orthopedic Surgery with over 18 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld

(Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

XXXX: Office Notes by XX, MD. X-Rays completed in office today. Views obtained/technique: 3 view PA, lateral and oblique. The patient was placed in a compression hand dressing with ulnar gutter arm splint today in my office. Assessment/Plan XX patient status post close reduction pertains pinning small ring and middle finger metacarpals. Alignment is excellent on x-rays. Consolidation does appear to be occurring there is no pain to palpation of the fractures pins are removed by me under sterile technique today. I recommended activity modification and continued splint protection. We'll begin therapy for ROM. Follow up in XXXX.

XXXX: Patient Notes by XX, OTR. HPI: Patient reports that XX hand is still the same even with the medicine. Assessment/Plan: Patient continues to have severe swelling and stiffness in XX digits. XX has increased redness and hair growth in XX hand. XX continues to have severe pain and can barely tolerate PROM and AROM for XX digits. XX cries during the entire session due to pain. Patient would benefit from pain management and a CPM machine to get the hand moving. Patient continues to benefit from skilled OT for pain and swelling management and to increase ROM in XX R hand to be able to complete ADL and work tasks. Closed fracture of metacarpal bone. Finger joint stiff. Pain in right hand.

XX: Patient Notes by XX, OTR. Meds: acetaminophen, XX, XX, XX, XX. Problems: finger joint stiff, closed fracture of metacarpal bone, pain in right hand. Limited ADL's. Patient reports that XX cannot use XX R hand for any tasks. XX struggles with bathing and dressing. Pain wakes XX up at night with pain. DASH=95%. Work limited. Patient is till on light duty with work and is unable to use the R hand for any tasks. Exam: Hands and digits right: severe redness with hair growth and swelling. Signs of CRPS palpation right: tenderness dorsally and volarly and scar

adherent moderate. Edema right: R MCP= 19.0 cm. R MF P1=6.8cm, R RF P1= 7.1cm, R SF P1= 6.4cm. Thumb right: active MP flexion (35°) and extension (0°) and active IP flexion (20°) and extension (0°) Thumb left: active MF flexion (63°) and extension (0°) and active IP flexion (50°) and extension (+30°) Index finger right: active PIP flexion (50°) and MP extension (-22°), active DIP flexion (12°) and extension (0°), active MCP flexion (60°) and MP extension (-30°) and TAM R IF: 70. Long finger right: active MCP flexion (52°) and extension (-40°), active PIP flexion (58°) and extension (-50°) active DIP flexion (15°) and extension (-12°), and TAM R LF 23, ring finger right: active MCP flexion (48°) and extension (-40°), active PIP flexion (70°) and extension (-65°), active DIP flexion (18°) and extension (-12°) and TAM R RF 16. Small finger right: active MCP flexion (51°) and extension (-42°) active PIP flexion (45°) and extension (-41°) active DIP flexion (18°) and extension (-18°) and TAM R SF 13. Wrists: right wrist inspection: swelling. Right AROM; flexion (37°) and extension (50°) Left AROM: flexion (60°) and extension (70°) Assessment/Plan: XX is really struggling with XX R hand at this point. XX reports XX pain with activity at 7/10. The swelling in XX hand XX changed at this time. XX has significant redness with swelling and hair growth with signs of CRPS. XX is unable to use XX R with any ADL or work tasks. XX is barely able to move XX fingers with XX TAM for XX IF at 70°, MF at 23°, RF at 16° and SF at 13°. XX wrist ROM is also limited with pain with testing. Patient's scars remain dense and adhered. Patient continues to benefit from skilled OT for pain, scar and swelling management and to increase ROM in XX R hand to be able to complete ADL and work tasks. G-codes: carrying and moving= current (CM), goal (CJ). 1. Closed fracture of metacarpal bone. 2. Finger joint stiff. 3. Pain in right hand.

XXXX: Office Notes by XX, MD. XX patient status post CRP P small ring and middle finger. XX is noted on x-rays to have excellent consolidation. However XX has severe stiffness of the fingers and some pain. I recommended continued therapy. XX would benefit greatly from a CPM device. I recommended steroid injection around the flexor tendons of the middle ring and small finger. XX does have evolving tendon adhesion in the fingers. Activity modifications and instructions given.

XXXX: UR performed by XX, DO. Rationale for Denial: The patient was diagnosed with an unspecified fracture of the second metacarpal bone, right hand, initial encounter for closed fracture, stiffness of unspecified hand, not elsewhere classified and pain in right hand. While the XXXX visit note at hand therapy indicated significant ROM deficits in the right hand and fingers with findings consistent with CRPS, a one month CPM rental would not be appropriate as the normally utilized DME for this clinical scenario would be a static progressive stretching device rather than a CPM and there was not a medical rationale offer supporting a CPM. Therefore, the requested Vector hand CPM E0936, 1 month rental and glove soft goods E0189, purchase are not medically necessary and appropriate.

XXXX: Letter of appeal by XX. We are seeking an appeal to the denial of the Vector 1 hand CPM E0936 1 month rental and glove soft goods E0189 purchase. I am including a letter of medical necessity signed by Dr. XX. I am also including a recent note from Dr. XX stating the significant need for the CPM device.

XXXX: UR performed by XX, MD. Rationale for Denial: The claimant is status post a right middle, ring and small finger closed reduction metacarpal pinning performed on XXXX after an unknown initial injury. There is no indication the claimant has completed any type of physical or occupational therapy to address the digit stiffness to warrant use of a CPM machine at this time. I recommend non-certification of the request for a Vector hand CPM 1 month rental and glove purchase.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The request for a Vector 1 CPM device rental and glove purchase is denied.

The patient is a XX who has developed complex regional pain syndrome (CRPS) following surgery for metacarpal fractures. XX currently has pain and swelling in the right hand. XX has limited active motion of all five fingers, in flexion and extension. XX has been referred to pain management and occupational therapy. The treating physician has recommended a Vector 1 CPM device for this patient.

The patient's condition is most commonly treated with a static progressive device. In order for this device to be successful, XX requires occupational therapy (OT) three times a week. Proper documentation of OT is necessary prior to consideration of any device.

The Vector 1 CPM rental and glove purchase are not medically necessary.

Per ODG:

XX

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)