

Case Number:	CM13-0017500		
Date Assigned:	09/27/2013	Date of Injury:	02/09/2011
Decision Date:	02/19/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Ohio and Texas. 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 physician 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 50-year-old female who reported an injury on 02/09/2011 due to repetitive motion while performing normal job duties that caused injury to the bilateral upper extremities. The patient failed to respond to medications and physical therapy and underwent left carpal tunnel release surgery in 03/2010, right carpal tunnel release surgery in 10/2011, and left shoulder arthroscopy in 04/2012. The patient was treated postoperatively with physical therapy. The patient had persistent chronic pain complaints of the upper back, neck, right shoulder, and bilateral hands with intermittent triggering of the bilateral thumbs. The patient received regular psychiatric support. The patient's most recent clinical examination findings included mild tenderness over the bilateral thumb flexor tendons with noted triggering and mild numbness over the bilateral hands with tenderness over the 1st dorsal extensor compartment. It was noted the patient declined to undergo further surgery. The patient's diagnoses included recurrent/persistent bilateral carpal tunnel syndrome and right cubital tunnel syndrome. The patient's treatment plan included modified activities and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent Cold Therapy Limb Compression Device with DVT Prevention: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation The Medical Disability Advisor, and the Official Disability Guidelines/

Integrated Treatment Guidelines (ODG Treatment in Worker's Comp 2nd Edition)-Disability Duration Guidelines (Official Disability Guidelines 9th Edition/Work Loss Data Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Game Ready Accelerated Recovery System.

Decision rationale: The requested intermittent cold therapy limb compression device with DVT prevention is not medically necessary or appropriate. Official Disability Guidelines state the Game Ready System combines continuous-flow cryotherapy with the use of vasocompression. This type of device is recommended as an option after surgery, but not for non-surgical treatment. The clinical documentation submitted for review does provide evidence that the patient has declined surgery. Therefore, the use of this device for non-surgical treatment would not be supported. There are no exceptional factors noted within the documentation to extend treatment beyond guideline recommendations. As such, the requested intermittent cold therapy limb compression device with DVT prevention is not medically necessary or appropriate.