

Case Number:	CM13-0024078		
Date Assigned:	11/20/2013	Date of Injury:	02/01/2010
Decision Date:	04/18/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/13/2013

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/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 60-year-old female who reported an injury on 02/01/2010. The mechanism of injury was not specifically stated. The patient is diagnosed with lateral epicondylitis and right carpal tunnel syndrome. The patient was seen by [REDACTED] on 08/07/2013. The patient reported ongoing bilateral elbow pain. The patient also reported relief of right elbow symptoms following an injection. Physical examination revealed 2+ tenderness to palpation over the lateral condyle on the left, positive tennis elbow testing, positive carpal compression testing bilaterally, positive Tinel's and Phalen's testing bilaterally, full range of motion, and full strength. Treatment recommendations included extensive arthroscopic debridement of the elbow and a right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR (4) WEEKS RENTAL OF VASCUTHERM UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) FOREARM, WRIST & HAND, VASOPNEUMATIC DEVICES.

Decision rationale: Official Disability Guidelines state vasoneumatic devices are recommended as an option to reduce edema after acute injury. As per the documentation submitted, it is unknown whether the patient has undergone the requested arthroscopic debridement of the elbow or the right carpal tunnel release. Therefore, the current request cannot be determined as medically appropriate. Further information is required regarding the medical necessity of the VascuTherm unit rental. Based on the clinical information received, the request is non-certified.