

<b>Case Number:</b>	CM13-0046545		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 54-year-old female who was reportedly injured on November 1, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 15, 2014, indicated that there were ongoing complaints of numbness and tingling in thumbs, index, and middle fingers. Non-steroidal anti-inflammatory drugs are continued to be used and it was stated that the injured employee has had extended conservative treatment without lasting improvement. The physical examination demonstrated a positive Tinel's sign and Phalen's sign in the wrists bilaterally and weakness with pinch strength. There was slight atrophy of the thenar musculature on the right side. The treatment plan included daily cervical and lumbar spine exercises, bilateral short arm splints and radiofrequency ablation for the right median nerve. A request had been made for a cold therapy wrap with deep vein thrombosis compression and was not certified in the pre-authorization process on October 21, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **VASCUTHERM COLD THERAPY WITH DVT COMPRESSION (30 DAY RENTAL):**

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), Knee and Lower Leg.

**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, Continuous flow cryotherapy, updated June 5, 2014.

**Decision rationale:** A postoperative cold therapy unit is only indicated in the postoperative period for seven days to decrease swelling, inflammation, pain, and medication usage. There was no significant efficacy beyond the seven daytime. This request for a Vascutherm cold therapy unit with deep vein thrombosis compression is not medically necessary.