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| Case Number: | CM13-0068736 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 08/10/2012 |
| Decision Date: | 10/07/2014 | UR Denial Date: | 12/09/2013 |
| Priority: | Standard | Application Received: | 12/19/2013 |

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in 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 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 48 year old female with a report of injury on August 10, 2012. The mechanism of injury is described as repetitive use of upper extremity while performing routine duties on keyboard and phone. The diagnosis is carpal tunnel syndrome, right. The injured worker complains of right hand pain. Treatment included physical therapy, hand cream, and a hand splint. The injured worker failed to improve from the condition entirely. EMG and nerve conduction study was performed a month after the report of injury in September of 2012 and findings were normal. The exception is possible C6-7 radiculopathy per 9/24/12 study. Despite this the claimant has been scheduled to undergo carpal tunnel release and the Durable Medical Equipment, Vascutherm DVT has been requested for 30 days for DVT prophylaxis and post op pain control. According to a peer to peer conversation on December 06, 2013, opiates are used to control the injured workers pain. As an intervention to reduce the use of opiates, a request was made for VascuTherm deep vein thrombosis and a purchase of right wrist garment for 30 days and set up/delivery resulted in denial on December 09, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF A VASCUTHERM DVT S/P R CTR X 4 WEEKS (30 DAYS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG SHOULDER CHAPTER- VENOUS THROMBOSIS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Cold continuous therapy; Shoulder, Venous thromboembolism Other Medical Treatment Guideline or Medical Evidence: J Shoulder Elbow Surg. 2013 Mar;22(3):432-8. doi: 10.1016/j.jse.2012.10.033. Epub 2013 Jan 16.Preventing venous thromboembolism in elective upper limb surgery. Anakwe RE1, Middleton SD, Beresford-Cleary N, McEachan JE, Talwalkar SC.

Decision rationale: The claimant is scheduled for Carpal Tunnel release surgery and the durable medical equipment (DME) was requested for post op pain control as well as upper extremity DVT prophylaxis. ODG does support the use of cold continuous therapy but for a much more limited 3 to 7 day length of use. The incidence of upper extremity deep vein thrombosis is rare and there is no documented risk factors of the claimant that may increase the incidence of Deep vein thrombosis (DVT) following CTR/wrist surgery. Therefore the requested Vascultherm Durable Medical Equipment (DME) for 30 days is not medically necessary and therefore the request remains not medically necessary.

PURCHASE OF RIGHT WRIST GARMENT, SET UP AND DELIVERY FEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG CARPAL TUNNEL CHAPTER

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Cold Continuous Therapy; Shoulder, Venous thromboembolism Other Medical Treatment Guideline or Medical Evidence: J Shoulder Elbow Surg. 2013 Mar;22(3):432-8. doi: 10.1016/j.jse.2012.10.033. Epub 2013 Jan 16.Preventing venous thromboembolism in elective upper limb surgery. Anakwe RE1, Middleton SD, Beresford-Cleary N, McEachan JE, Talwalkar SC.

Decision rationale: The claimant is scheduled for Carpal Tunnel release surgery and the durable medical equipment (DME) was requested for post op pain control as well as upper extremity DVT prophylaxis. ODG does support the use of cold continuous therapy but for much more limited 3 to 7 day length of use. The incidence of upper extremity deep vein thrombosis is rare and there is no documentation as risk factors of the claimant that may increase the incidence of Deep vein thrombosis (DVT) following CTR/wrist surgery. Therefore the requested VASCUtherm and wrist garment DME for 30 days is not medically necessary and therefore the request remains not medically necessary.