

<b>Case Number:</b>	CM14-0007999		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	03/05/2009
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Occupational Medicine 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 who has submitted a claim for status post right wrist arthroscopy, peripheral TFCC repair, thermal shrinkage of the scapholunate and lunotriquetal ligament and open carpal tunnel release associated with an industrial injury date of March 5, 2009. Medical records from 2012 to 2013 were reviewed. The patient complained of mild right wrist pain occasionally 8/10 that was very short-lived. Physical examination of the right wrist showed extension and flexion of 60 degrees, pronosupination of 90 degrees, hypothenar and thenar eminence depression, and minimal edema. Treatment to date has included NSAIDs (non-steroidal anti-inflammatory drugs), opioids, topical analgesics, occupational therapy, dynamic splints, and right carpal tunnel release and wrist arthroscopy (on October 2, 2013). Utilization review from January 14, 2014 denied the request for intermittent limb compression device because the requested device was in regard to postoperative use following arthroscopic wrist surgery and open carpal tunnel release, and is not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An intermittent limb compression device, provided on October 2, 2013:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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, and Hand Chapter, Vasopneumatic Devices 2014.

**Decision rationale:** The CA MTUS does not specifically address vasopneumatic devices. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, vasopneumatic devices are recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling. They may be considered necessary to reduce edema after acute injury. The treatment goal of vasopneumatic devices, such as intermittent compression therapy, is to reduce venous hypertension and edema by assisting venous blood flow back toward the heart. In this case, patient underwent right carpal tunnel release and wrist arthroscopy on October 2, 2013. Patient complained of numbness, tingling, and swelling post-surgery. The medical necessity for vasopneumatic device was established to reduce edema post-operatively. Therefore, the retrospective request for an intermittent limb compression device, provided on October 2, 2013, is medically necessary and appropriate.