

Case Number:	CM14-0103821		
Date Assigned:	08/01/2014	Date of Injury:	12/10/2010
Decision Date:	10/01/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/07/2014

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:

Injured worker is a male with date of injury 12/10/2010. Per primary treating physician's follow up report dated 4/7/2014, the injured worker continues to be plagued with pain, numbness, tingling and progressive loss of strength and dexterity affecting his left hand to a greater extent than right. He strongly desires to proceed with left carpal and cubital tunnel decompression surgeries. On examination there is substantial tenderness over the left carpal tunnel with milder tenderness on the right. There is localized tenderness over both cubital tunnels. Tinel and Phalen signs remain positive on the left with a Phalen sign noted on the right. Pressure provocative testing over the cubital tunnels is equivocal on today's examination. Sensation in each digit of the left hand is attenuated as noted previously. Diagnoses include 1) bilateral carpal tunnel syndrome, left severe and right moderate by electrodiagnostic testing with associated cubital tunnel syndrome 2) diffuse left hand tenosynovitis with digit stiffness 3) ruled out left volar wrist ganglion cyst.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Purchase of Pneumatic Compression Device with Wrap.: 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), Venous Thrombosis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist and Hand chapter, Vasopneumatic devices

Decision rationale: The injured worker is status post left carpal and cubital tunnel decompression surgery. The requesting provider did not provide a rationale for this post-operative treatment and purchase of durable medical equipment. The clinical notes do not indicate that the injured worker is at increased risk of deep venous thrombosis. The ODG recommends the "use of vasopneumatic devices 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. Education for use of lymphedema pump in the home usually requires 1 or 2 sessions. Further treatment of lymphedema by the provider after the educational visits is generally not considered medically necessary. 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." Deep venous thrombosis, venous stasis and/or lymphedema is considered low for upper extremities for distal surgeries. The purchase of such durable medical equipment is also not generally recommended by the MTUS Guidelines as the period of use is very limited, much shorter than the usable life of the device. Rental of such equipment for the treatment period is standard. Medical necessity of this request has not been established by the requesting physician. The request for Retrospective Request for Purchase of Pneumatic Compression Device with Wrap is determined to not be medically necessary.