

Case Number:	CM14-0011580		
Date Assigned:	06/11/2014	Date of Injury:	09/12/2011
Decision Date:	07/14/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 44-year-old female with a reported date of injury on 09/12/2011. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with status post right medial and lateral epicondylectomy. The injured worker complained of left wrist pain rated at 1/5, left elbow pain rated at 1/5, and right elbow pain rated at 3/5. The physician indicated that the right elbow incision was well healed with slight swelling and tenderness. According to the documentation provided for review, the injured worker has utilized cortisone injections previously, the results of which were not provided within the clinical information provided for review. The injured worker's diagnoses included status post bilateral endoscopic carpal tunnel release, bilateral radial tunnel syndrome, left cubital tunnel syndrome, right cubital tunnel syndrome, right medial epicondylitis, and right lateral epicondylitis. The injured worker's medication regimen included Percocet, and Vistaril. The request for authorization for rental x14 days post-surgery right elbow Vascutherm (for edema) and purchase right elbow compression pad for the Vascutherm post surgery was submitted on 01/29/2014. The physician indicated the rationale for the request for pneumatic compression therapy was based on the system's ability to reduce pain, muscle spasms, tissue damage, swelling, and increases the healing process.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL X14 DAYS POST SURGERY RIGHT ELBOW VASCUTHERM (FOR EDEMA): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The Official Disability Guidelines recommend vasopneumatic devices as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling. 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. The clinical information provided for review lacks documentation related to concerns of increased edema or postoperative concerns. The injured worker has a history of previous surgical procedures; there is a lack of documentation related to any adverse reactions to those surgical procedures. In addition, the education for use of a vascutherm, requires 1 or 2 sessions. There is a lack of documentation related to the education of the injured worker in utilizing the Vascutherm. Therefore, the request for rental x14 days post-surgery right elbow vascutherm (for edema) is not medically necessary and appropriate.

PURCHASE RIGHT ELBOW COMPRESSION PAD FOR THE VASCUTHERM POST SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets the definition of durable medical equipment. Durable medical equipment is defined as equipment which can withstand repeated use, can be rented and used by successive patients, primarily and customarily used to serve a medical purpose, and generally is not useful to an injured worker in the absence of illness or injury. The rental of the Vascutherm was non-certified. Therefore, the request for the purchase of Vascutherm compression would not be medically necessary. The request for the purchase of right elbow compression pad for the vascutherm post-surgery is not medically necessary and appropriate.