

Case Number:	CM14-0015156		
Date Assigned:	02/28/2014	Date of Injury:	09/30/2011
Decision Date:	07/03/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/06/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 41-year-old female who reported an injury on 09/27/2011. The mechanism of injury was from repetitive motion. The clinical note dated 10/10/2013 reported the injured worker complained of left hand and wrist pain. She described the pain as stabbing, radiating, tingling, burning, and numbing in quality. She reported the pain to be continuous and rated 6/10 in severity. She complained the pain radiated to her hand and wrist. Upon the physical exam, the provider noted the injured worker to have decreased sensation of the left thumb and left third digit. The injured worker had a positive Phalen's and Tinel's on the left hand. The injured worker had diagnoses of left carpal tunnel syndrome, and post right carpal tunnel release. The provider requested for retrospective date of service 10/31/2013 intermittent limb compression device left wrist. However, a rationale was not provided for review in the documentation. The request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO DATE OF SERVICE 10/31/13 - INTERMITTENT LIMB COMp DEVICE LEFT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM -California Plus Guidelines: Ankle

and Foot Complaints, Clinical Measures, Hot and Cold Therapies, Cryotherapies and Non-MTUS: Official Disability Guidelines (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), Forearm, Wrist & Hand, Vasopneumatic device.

Decision rationale: The request for retrospective (date of service 10/31/13) intermittent limb compression device left wrist is non-certified. The injured worker complained of left hand and wrist pain, which she described as stabbing, radiating, tingling, burning, and numbing in quality. She reported the pain to be continuous and rated 6/10 in severity. The injured worker reported the pain radiated from her hand to her wrist. 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. They may be considered necessary to reduce edema after acute injury. Education for the use of lymphedema pump in the home usually requires 1 or 2 sessions. Furthermore, treatment of lymphedema by the provider after the educational visit 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. There was lack of objective findings indicating the injured worker to have edema in the wrist. There was a lack of documentation indicating the injured worker to have venous hypertension and edema. Therefore, the request for retrospective (date of service 10/31/13) intermittent limb compression device left wrist is not medically necessary.