

Case Number:	CM14-0019958		
Date Assigned:	04/28/2014	Date of Injury:	02/01/2012
Decision Date:	06/02/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/27/2014

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, has a subspecialty in Interventional Spine 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:

This case involves a 32 year-old male who was injured on 2/1/12. He has recently underwent right 1st and 2nd dorsal compartment release, extensor tenosynovectomy, and neurolysis dorsal sensory branch on 8/27/13. He has been diagnosed with right ulnar neuropathy at the cubital tunnel without cubital tunnel syndrome; right carpal tunnel syndrome; right deQuervain's, s/p cortisone injection x3, right first dorsal compartment generalized hyperpigmentation s/p cortisone x3; right intersection syndrome; right chronic wrist pain, radiocarpal; right dorsal sensory branch neuritis of the radial nerve. According to the 11/25/13 orthopedic/hand surgery report by [REDACTED], the patient presents tightness in the right wrist, limited wrist motion and occasional numbness in the right index and little fingers.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: VASCUTHERM-2 THERMAL COMPRESSION UNIT FOR THE RIGHT WRIST; 10/09/2013: Upheld

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 AETNA CLINICAL POLICY BULLETIN: CRYOANALGESIA AND THERAPEUTIC COLD NUMBER: 0297.

Decision rationale: MTUS/ACOEM and ODG do not discuss hot/cold compression units for the wrist/hand. Aetna guidelines were consulted. Aetna considers active cold compression therapy units with mechanical pumps and portable refrigerators (e.g., [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED]) experimental and investigational because they have not been proven to offer clinically significant benefits over passive cold compression therapy units. The request is not in accordance with the guidelines.