

Case Number:	CM14-0122581		
Date Assigned:	08/06/2014	Date of Injury:	04/12/2012
Decision Date:	09/11/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/04/2014

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:

The patient is a 70 year old female with date of injury 4/12/12. The treating physician report dated 6/6/14 indicates that the patient presents with pain affecting the right ulnar wrist rated 2-5/10 with bilateral thumb CMC joint pain rated 2-5/10. The patient is 6 months s/p right endoscopic carpal tunnel release. Examination findings reveal well healed right and left wrist incision with no swelling or tenderness, slight tenderness over the left thumb CMC joint with negative Finkelstein's test. The current diagnoses are: 1. S/P bilateral endoscopic carpal tunnel syndrome 2. Bilateral thumb CMC DJD 3. Left trigger thumb 4. S/P left de Quervains's release and excision of the 1st extensor compartment ganglion 5. Right calcified TFCC. The utilization review report dated 7/30/14 denied the request for DME segmental pneumatic appliance 1 day rental based on the rationale that there was no evidence that the patient was at high risk for deep vein thrombosis following carpal tunnel surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME) -Segmental Pneumatic Appliance -1 Day Rental:
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 Other Medical Treatment Guideline or Medical Evidence: AETNA Guidelines Online Clinical Policy Bulletin: Intermittent Pneumatic Compression Devices.

Decision rationale: The patient present 6 months status post bilateral carpal tunnel syndrome. The current request is for Durable Medical Equipment (DME) -Segmental Pneumatic Appliance -1 Day Rental. Segmental pneumatic appliances are typically used for the treatment of lymphedema, deep vein thrombosis or chronic venous insufficiency with venous stasis ulcers. In reviewing the treating physician reports dated 3/12/14, 4/9/14, 5/9/14 and 6/6/14 there is no documentation of any complications following surgery to indicate the need for a pneumatic compression device. The MTUS Guidelines do not address segmental pneumatic appliances. The AETNA Guidelines state, "Full-leg or half-leg pneumatic compression devices for home use medically necessary durable medical equipment (DME) for the treatment of chronic venous insufficiency of the legs of members who have venous stasis ulcers that have failed to heal after a 6-month trial of conservative therapy directed by the treating physician. The trial of conservative therapy must include a compression bandage system or compression garment, appropriate dressings for the wound, exercise, and elevation of the limb." In this case the patient is reported as healing well with no complications following bilateral carpal tunnel surgery and there is no documentation of venous issues affecting the lower extremities. Therefore, the request for Segmental Pneumatic Appliance -1 Day Rental is not medically necessary.