

Case Number:	CM14-0025125		
Date Assigned:	06/11/2014	Date of Injury:	10/17/2010
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/27/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 40-year-old female who sustained an injury to her left arm on 10/17/10. The mechanism of injury was not documented. The records indicate the injured worker underwent surgery on 10/17/10 and an external fixator was placed. On 10/21/10, the injured worker underwent irrigation and debridement of open fracture, removal of external fixator and open reduction internal fixation of both bones in the forearm. On 10/27/10, the injured worker underwent debridement of skin, subcutaneous tissue of the left hand, forearm and elbow, split thickness skin graft of the left arm, hand and elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

VASCUTHERM 4 WITH HOT/COLD COMPRESSION DEVICE FOR FOUR (4) WEEK RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Hand And Wrist Chapter, Vasopneumatic Devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) FOREARM, HAND AND WRIST CHAPTER, VASOPNEUMATIC DEVICES.

Decision rationale: The previous request was denied on the basis that there was no medical rationale for costly CTU/compression unit/wrist garment following a routine skin coverage procedure. The ODG states that 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; however, there was no indication as to why the injured worker could not produce the same effect with application of hot/cold packs and ace wraps at home. Given the clinical documentation submitted for review, medical necessity of the request for Vascutherm 4 with hot/cold compression device for four (4) week rental is not medically necessary.

PURCHASE OF WRIST GARMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Hand And Wrist Chapter, Vasopneumatic Devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) FOREARM, HAND AND WRIST CHAPTER, VASOPNEUMATIC DEVICES.

Decision rationale: The previous request was denied on the basis that there was no medical rationale for costly CTU/compression unit/wrist garment following a routine skin coverage procedure. The ODG states that 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; however, there was no indication as to why the injured worker could not produce the same effect with application of hot/cold packs and ace wraps at home. Given the clinical documentation submitted for review, medical necessity of the request for purchase of wrist garment is not medically necessary.