

Case Number:	CM14-0025618		
Date Assigned:	06/13/2014	Date of Injury:	06/17/2004
Decision Date:	08/04/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/28/2014

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 Orthopedic Surgery 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 is a 66-year-old man who was injured on 06/17/04. The records provided for review document that the claimant underwent carpal tunnel surgery on 01/20/14. The current request is for a four week rental for the postoperative use of Vasotherm heat/cold compressive therapy unit. There are no other clinical records provided for review pertinent to the postoperative request in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

VASCUTHERM 4 HOT/COLD COMPRESSION RENTAL FOR 4 WEEKS FOR THE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

MAXIMUS guideline: Decision based on the MTUS American College of Occupational and Environmental Medicine (ACOEM), chapter 11: Forearm, Wrist, and Hand Complaints and on the Non-MTUS Official Disability Guidelines (ODG), Knee Procedure chapter.

Decision rationale: The California ACOEM Guidelines and supported by the ODG do not support the use of VascuTherm 4 device. The ACOEM Guidelines recommend applications of heat and ice noting that their use at home is as effective as applied by a physical therapist. The

ODG recommend the use of cryotherapy devices, which is similar to the VacuTherm 4, for up to seven days postoperatively including home use. Therefore, based on the guideline recommendation, the use of a Vascutherm 4 for rental for four weeks would exceed the recommendation and cannot be supported as medically necessary.