

<b>Case Number:</b>	CM14-0028217		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/19/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Texas. 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 43-year-old female who reported an injury on 07/19/2010 due to an unknown mechanism. The injured worker had complaints of complete numbness in the right hand. She also stated that she was having difficulty picking up any small objects off the floor with the right hand. The injured worker complained of having difficulty buttoning a shirt and performing any activity that required hand dexterity. Physical examination on 02/25/2014 revealed severe focal tenderness along the course of the right ulnar nerve, moderate swelling over the right cubital tunnel, and medial epicondylar area. It is reported in this examination note the patient had failed all previous conservative options, including the prolonged therapy and multiple corticosteroid injections. It also stated the use of anti-inflammatory medication and the protective brace elicited minimal response. The injured worker stated that, since her last visit about 3 months prior, her symptoms have worsened significantly with subsequent loss of dexterity and strength. Treatment plan for the injured worker was for right ulnar nerve exploration/neuroplasty with possible internal neurolysis of the ulnar nerve and possible direct neurectomy of the medial antebrachial cutaneous nerve. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VASCUTHERM 4 W/ COLD/HEAT THERAPY AND COMPRESSION RENTAL:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Continuous-flow Cryotherapy.

**Decision rationale:** The request for VascuTherm 4 with cold/heat therapy and compression rental is not medically necessary. The document submitted for review is lacking information such as diagnostic studies, physical therapy sessions, and medications tried and failed in the past. There were no values for the injured worker's functional improvement or lack of functional improvement. There were no range of motion values. The Official Disability Guidelines states continuous flow cryotherapy therapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. There is limited information to support active versus passive cryo units. The available scientific literature is insufficient to document that the use of continuous flow cooling symptoms (versus ice pack) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. There were no reports submitted stating that the injured worker is postoperative. In addition, the request does not include a frequency or duration. Therefore, the request is not medically necessary.