

Case Number:	CM14-0053663		
Date Assigned:	07/14/2014	Date of Injury:	02/28/2012
Decision Date:	08/22/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/22/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 claimant had an original date of injury of 2/28/2012 with right wrist pain and a diagnosis of carpal tunnel syndrome. After failure of conservative splinting, oral medication and physical therapy, right carpal tunnel repair was performed on 2/5/2103. The request was for VascuTherm 4 DVT system x 4 weeks and a wrist garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

VascuTherm 4 DVT System (x4 weeks) Retro: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 8-14. Decision based on Non-MTUS Citation Official Disability Guidelines- (http://www.odg-twc.com/odgtwc/Forearm_Wrist_Hand.htm#).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Carpal Tunnel, venous thrombosis.

Decision rationale: Ca MTUS and ACOEM do not address the issue of DVT prophylaxis. ODG addresses DVT prophylaxis in the section on the knee. ODG recommends pharmacologic therapy for DVT prophylaxis over mechanical prophylaxis in the post-operative knee patient because of better data for prevention of both DVT and PE in the pharmacologically prophylaxed

patient. There is no recommendation for DVT prophylaxis after wrist surgery because the patient is able to ambulate immediately, the wrist and forearm are low risk for upper extremity DVTs and the wrist is mobilized quickly after surgical repair of the carpal tunnel. There is no documentation of any higher than average risk for DVT and therefore no indication for DVT prophylaxis of any sort after low risk carpal tunnel repair. The original UR decision is upheld.

Wrist Garment (purchase) retro: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odgtwc.com/odgtwc/Knee.htm#Venousthrombosis>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): pp 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel, splinting.

Decision rationale: CA MTUS advises against the use of splinting after carpal tunnel repair with a home therapy program being superior to extended splinting. ODG states that splinting after surgery has negative evidence. Therefore, a wrist garment for use after carpal tunnel repair in this case is not medically necessary.