

<b>Case Number:</b>	CM14-0186403		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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:

The injured worker is a 32 year-old female, who was injured on March 8, 2011, while performing regular work duties. The records provided included laboratory evaluations. The primary diagnosis is carpal tunnel syndrome. The records indicate a diagnosis of bilateral carpal tunnel syndrome with the injured worker being one year post-surgical left carpal tunnel release. Nerve conduction testing completed on July 17, 2014, revealed moderate to severe conduction delay across the right wrist which is consistent with carpal tunnel syndrome. An evaluation on October 20, 2014, indicates the injured worker failed non-surgical interventions, which included physical therapy, medications, and exercises at home. The injured worker has been approved for right carpal tunnel release; however the records do not indicate its completion. The request for authorization is for wrist garment purchase, right wrist, right wrist vascutherm 4 system 7-day rental, and vascutherm 4 system 4-week rental, for the right wrist. On November 4, 2014, Utilization Review provided a modified certification for approval of the wrist garment purchase for the right wrist, and right wrist vascutherm 4 system 7-day rentals; and non-approval of vascutherm 4 system 4-week rental for the right wrist. The non-approval was due to the "use of the DME is noted for surgery patients for a 7 day period but is not recommended for longer periods of time and only as a rental and not a purchase".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm 4 system 4-week rental, right wrist e1399:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guide ODG

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy or deep vein thrombosis prophylaxis for wrist surgery. ODG, Forearm, Wrist and Hand is silent on the issue of DVT prophylaxis, According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy". In this case the exam notes from 10/20/14 do not justify objective evidence to support a need for DVT prophylaxis. Therefore the request for Vascutherm is not medically necessary and appropriate.