

<b>Case Number:</b>	CM15-0142715		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	12/29/2011
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Emergency Medicine

### 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 50 year old female, who sustained an industrial injury on 12-29-2011. The mechanism of injury is unknown. The injured worker was diagnosed as status post left hand and thumb surgery on 6-16-2015. Treatment to date has included surgery, steroid injections, therapy and medication management. In a progress note dated 4-23-2015-prior to surgery, the injured worker complains of right thumb pain, bilateral wrist pain and neck pain. Physical examination showed bilateral wrist tenderness and left thumb tenderness. The treating physician is requesting Vascutherm Cold Compression x14 days rental, Vascutherm Pad x1 for purchase and Pain Pump x3 for purchase right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm Cold Compression x14 days rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

**Decision rationale:** Vascutherm is a device that provides cold/hot therapy, compression and DVT prophylaxis. Since it was requested for post-operative use, assumption is that it is for continuous cold therapy. As per Official Disability Guide (ODG), continuous flow cryotherapy is recommended as a post-surgical option as it may decrease inflammation, pain and swelling. It is only recommended for shoulder and no other post-operative body part. ODG only recommends up to 7days of use. This request is for 14days which does not meet guidelines. The location of use also does not meet guidelines. Vascutherm for 14days is not medically necessary.

**Vascutherm Pad x1 for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

**Decision rationale:** Vascutherm is a device that provides cold/hot therapy, compression and DVT prophylaxis. Since it was requested for post-operative use, assumption is that it is for continuous cold therapy. As per Official Disability Guide (ODG), continuous flow cryotherapy is recommended as a post-surgical option as it may decrease inflammation, pain and swelling. It is only recommended for shoulder and no other post-operative body part. ODG only recommends up to 7days of use. This request is for 14days which does not meet guidelines. The location of use also does not meet guidelines. Vascutherm for 14days including pad is not medically necessary.

**Pain Pump x3 for purchase right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Post operative pain pump.

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, post operative pain pumps are not recommended with little evidence to support it being superior to other conventional therapy. It is unclear why patient's pain cannot be managed by oral pain medications. Pain pumps are not medically necessary.