

<b>Case Number:</b>	CM15-0161808		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	03/01/2014
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old male, who sustained an industrial injury on March 1, 2014. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medications, electrodiagnostic study, MRI, corticosteroid injection, activity modification, physical therapy, surgery, and wrist and elbow splints. Currently, the injured worker complains of right hand pain and numbness, which is interfering with his sleep regimen. The injured worker is currently diagnosed with right carpal tunnel syndrome. His work status is temporary total disability. A progress noted dated April 23, 2015, states the injured worker has experienced therapeutic failure from non-steroidal anti-inflammatory medications, corticosteroid injection, activity modification and physical therapy. A progress note dated July 9, 2015, states the injured worker is experiencing a decrease in numbness and tingling in his left fingers after surgical intervention. A progress note dated July 30, 2015, states the injured worker utilizes the wrist and elbow splints on an as needed basis for pain relief. The following equipment; pressure pneumatic application and intermittent limb compression device are requested to deter blood clots post-operatively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pressure pneumatic application:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Vasopneumatic devices.

**Decision rationale:** The patient presents with pain affecting the bilateral hands accompanied with numbness. The current request is for Pressure pneumatic application. The requesting treating physician report was not found in the documents provided for review. The treating physician report dated 7/30/15 (50B) states, "The patient experienced improvement other [sic] pain and numbness in his left hand following surgery." The report goes on to note a normal Lymphatic examination (49B). The MTUS Guidelines do not address segmental pneumatic appliances. The ODG guidelines state the following regarding Vasopneumatic devices: "Recommended as an option to reduce edema after acute injury. The treatment goal of vasopneumatic devices, such as intermittent compression therapy, is to reduce venous hypertension and edema by assisting venous blood flow back toward the heart." The medical reports provided show the patient is status post left endoscopic release and left in situ ulnar nerve release on April 14, 2015 (49B). In this case, there is no evidence in the documents provided that shows the patient presents with any form of edema following their industrial injury or recent surgery. Furthermore, the current request does not specify what body part is to be treated by the device. Additionally, the treating physician provides no rationale as to why the patient requires such a device. The current request is not medically necessary.

**Intermittent limb comp device:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Vasopneumatic devices.

**Decision rationale:** The patient presents with pain affecting the right hand accompanied with numbness. The current request is for Intermittent limb comp device. The treating physician report dated 7/30/15 (50B) states, "The patient experienced improvement other [sic] pain and numbness in his left hand following surgery." The report goes on to note a normal Lymphatic examination (49B). The MTUS Guidelines do not address segmental pneumatic appliances. The ODG guidelines state the following regarding Vasopneumatic devices: "Recommended as an option to reduce edema after acute injury. The treatment goal of vasopneumatic devices, such as intermittent compression therapy, is to reduce venous hypertension and edema by assisting venous blood flow back toward the heart." The medical reports provided show the patient is status post left endoscopic release and left in situ ulnar nerve release on April 14, 2015 (49B). In

this case, there is no evidence in the documents provided that shows the patient presents with any form of edema following their industrial injury or recent surgery. Furthermore, the current request does not specify what body part is to be treated by the device. Additionally, the treating physician provides no rationale as to why the patient requires such a device. The current request is not medically necessary.