

<b>Case Number:</b>	CM15-0181783		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	07/05/2011
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 44 year old male, who sustained an industrial injury on July 5, 2011. He reported left wrist pain. The injured worker was diagnosed as having recurrent left ulnar impaction syndrome, status post left ulnar vascularized fibular graft, status post wound revision of left forearm skin graft for re-exploration and fasciotomy and status post left wrist arthroscopy, TFCC debridement and ulnar head wafer resection. Treatment to date has included diagnostic studies, surgical interventions of the left wrist, physical therapy, left wrist injection, medications and work restrictions. Currently, the injured worker continues to report left wrist pain.

The injured worker reported an industrial injury in 2011, resulting in the above noted pain.

Evaluation on March 16, 2015, revealed continued pain as noted. He rated his left wrist pain at 4 on a 1-15 scale with 5 being the worst and characterized the pain as dull with use. It was noted he received a steroid injection to the ulnar wrist and noted it did not help. It was noted the pain had not changed since the previous visit. Failed therapies included NSAIDs, activity modifications, physical therapy, wrist braces and steroid injections. The physician recommended a redo left wrist arthroscopy with extensive debridement and ulnar head wafer resection. Surgical intervention of the left ulnar wrist was performed on May 19, 2015, with no noted complications. The RFA included a request for Retrospective vascultherm thermal compression, vascultherm appliance for left wrist for DOS 5/19/15-6/19/15 and was non-certified on the utilization review (UR) on August 4, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective vascuTherm thermal compression, vascuTherm appliance for left wrist for DOS 5/19/15-6/19/15: 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 and Hand Chapter, Continuous flow cryotherapy.

**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 and Other Medical Treatment Guidelines February 2012, Vol 141, No. 2\_suppl Antithrombotic Therapy and Prevention of Thrombosis, 9th Ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines | February 2012 Executive Summary: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines .Gordon H. Guyatt, MD, FCCP; Elie A. Akl, MD, PhD, MPH; Mark Crowther, MD; David D. Gutterman, MD, FCCP; Holger J. Schunemann, MD, PhD, FCCP; on behalf of for the American College of Chest Physicians Antithrombotic Therapy and Prevention of Thrombosis Panel Chest. 2012;141(2\_suppl):7S-47S. doi:10.1378/chest.1412S3 AND [http://www.thermotekusa.com/md\\_vascuTherm.php](http://www.thermotekusa.com/md_vascuTherm.php).

**Decision rationale:** Retrospective vascuTherm thermal compression, vascuTherm appliance for left wrist for DOS 5/19/15-6/19/15 is not medically necessary per ODG guidelines and a review of Executive Summary: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines and a review of VascuTherm online .The MTUS guidelines do not specifically address VascuTherm cold compression unit . A review online of VascuTherm reveals that the VascuTherm is a Compression and Localized Thermal (hot and cold) Therapy Device with DVT Prophylaxis. The ODG recommends Continuous-flow cryotherapy as an option after knee surgery, but not for nonsurgical treatment. Per guidelines postoperative use generally may be up to 7 days, including home use. There is no documentation that patient will not be mobile or has any conditions that warrant post op DVT prophylaxis such as those referred to in the Executive Summary: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. The patient has not had knee surgery and there are no extenuating circumstances surrounding this wrist surgery that necessitate this device therefore this request is not medically necessary.