MAXIMUS Federal Services

Case Number:	CM15-0188855		
Date Assigned:	10/13/2015	Date of Injury:	07/18/2013
Decision Date:	11/24/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/25/2015

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: 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:

This is a 44 year old female with a date of injury on 7-18-13. A review of the medical records indicates that the injured worker is undergoing treatment for chronic right arm pain. Most recent progress report dated 6-18-15 reports continued complaints of pain in the right base of the thumb. No numbness or tingling. Her left hand has occasional aching. The pain is worse with activities of her hands and better with rest. Physical exam: right wrist inspection reveals no redness, swelling, symmetry, atrophy or deformity, no limitation in range of motion, tender to palpation, Finkelstein's, Phalen's and Tinel's test of the right wrist are negative. NCV EMG showed ulnar neuropathy. Treatments include: medication, brace, physical therapy, massage, acupuncture, injections, right cubital carpal tunnel release (12-5-14). Request for authorization dated 8-26-15 was made for intermittent limb compression device right and left sed grad pneumatic half leg. Utilization review dated 9-18-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent limb compression 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), Venous thrombosis.

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 and Hand (Acute and Chronic) (Not Including "Carpal Tunnel Syndrome"), under Vasopneumatic Devices.

Decision rationale: The patient presents with pain in the right arm and at the base of the right thumb. The request is for Intermittent limb compression device. Patient is status post right carpal tunnel release surgery, 12/10/13, and cubital tunnel release surgery, 12/05/14. Physical examination to the right wrist on 06/18/15 revealed tenderness to palpation over the radial side and the anatomical snuffbox. Finklestein's, Phalen's and Tinel's tests were negative. Patient's treatments have included medication, surgeries, image studies, EMG/NCV studies, injections, acupuncture, and physical therapy. Per 08/26/15 Request for Authorization form, patient's diagnosis includes ulnar nerve lesion. Patient's medications, per 06/18/15 progress report include Zorvolex and Multivitamin. Patient is permanent and stationary. MTUS is silent regarding the request.ODG Guidelines, Forearm, Wrist and Hand (Acute and Chronic) (Not Including "Carpal Tunnel Syndrome"), under Vasopneumatic Devices states: "Recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling. They may be considered necessary to reduce edema after acute injury. Education for use of lymphedema pump in the home usually requires 1 or 2 sessions. Further treatment of lymphedema by the provider after the educational visits is generally not considered medically necessary. 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. (McCulloch, 1995) (Moseley, 2007)"In this case, only one progress report was available. The treater has not discussed this request. The patient is status post right carpal tunnel release surgery, 12/10/13, and cubital release surgery 12/05/14. Examination to the right wrist on 06/18/15 revealed no erythema, swelling, symmetry, atrophy, or deformity. No limitations were noted in palmar flexion, dorsiflexion, ulnar deviation, radial deviation, pronation or supination. Patient's diagnosis, per 06/18/15 progress report include carpal tunnel syndrome, s/p CTS on the right (Bilateral), DeQuervain's tenosynovitis, ulnar nerve lesion s/p cubital tunnel release (Right), and encounter for long term use of other medications. ODG Guidelines recommend vasopneumatic devices to reduce edema after an acute injury. The treater has not documented edema in the right arm/wrist and there are no indications of a new or acute injury. The guidelines also do not support vasopneumatic devices for carpal tunnel syndrome. Finally, if the device was prescribed to prevent post-op DVT, it would not be indicated as the patient's surgery did not require a period of bed-ridden recovery time. This request is not in accordance with guideline recommendations and therefore, is not medically necessary.

Right and Left segmental gradient pressure pneumatic, half leg: 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), Venous thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter under Venous Thrombosis.

Decision rationale: The patient presents with pain in the right arm and at the base of the right thumb. The request is for Right and left segmental gradient pressure pneumatic, left leg. Patient is status post right carpal tunnel release surgery, 12/10/13, and cubital tunnel release surgery, 12/05/14. Physical examination to the right wrist on 06/18/15 revealed tenderness to palpation

over the radial side and the anatomical snuffbox. Finklestein's, Phalen's and Tinel's tests were negative. Patient's treatments have included medication, surgeries, image studies, EMG/NCV studies, injections, acupuncture, and physical therapy. Per 08/26/15 Request for Authorization form, patient's diagnosis includes ulnar nerve lesion. Patient's medications, per 06/18/15 progress report include Zorvolex and Multivitamin. Patient is permanent and stationary. MTUS is silent regarding the request. ODG guidelines, Knee & Leg (Acute & Chronic) Chapter under Venous Thrombosis states: "allow for short-term post-operative use for 7 days. Regarding Vascutherm with DVT prophylaxis, ODG states that ASA may be the most effective choice to prevent PE and DVT in patients undergoing orthopedic surgery, but even ASA patients should receive sequential compression as needed. When looking at various devices, data from Million Women Study in the UK suggested that the risk of DVT after pelvic and acetabular surgery is greater and lasts for longer than has previously been appreciated. They showed that the risk is greatest in the first six weeks following surgery, peaking around three weeks afterward. The treater has not specifically addressed this request. The patient is status post right carpal tunnel release surgery, 12/10/13, and cubital release surgery 12/05/14. ODG does not discuss the need for these DVT prophylactic devices for hand/wrist surgery. It is something that is needed following other surgeries such as the knee and hip. Furthermore, the request, as stated, is for Right and Left Segmental Gradient Pressure Pneumatic for the left leg. Review of the medical records provided did not indicate any problems or concerns involving the left leg, subjective or objective. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.