

Case Number:	CM15-0193217		
Date Assigned:	10/26/2015	Date of Injury:	06/04/2014
Decision Date:	12/08/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/30/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 59-year-old male, who sustained an industrial injury on 6-4-2014. The injured worker is undergoing treatment for left ulnar nerve lesion and left medial and lateral epicondylitis. Medical records dated 8-27-2015 indicate the injured worker complains of left elbow pain radiating to the fingers. The treating physician indicates approval for left ulnar nerve decompression surgery. Physical exam dated 8-27-2015 notes positive Tinel's sign of left cubital tunnel and positive scratch collapse test of left cubital tunnel. Treatment to date has included medication, x-rays, magnetic resonance imaging (MRI) and electromyogram-nerve conduction study. The original utilization review dated 9-8-2015 indicates the request for elbow garment, set up and delivery, Vasutherm4 for 4-week trial is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vasutherm4 for 4 week rental: Overturned

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 - Vasopenumatic devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm and Hand, Vasopneumatic devices. Online edition 2015.

Decision rationale: A 4-week Vasotherm4 rental is being requested for a patient status post left upper extremity surgery. This request is not specifically addressed by MTUS or ACEOM guidelines. The ODG guidelines support the use of vasopneumatic devices to help reduce edema and DVT risk. The surgeon is very clear in the provided documentation that this unit is being requested for reduction of inflammation and increase in circulation. It is noted that this modality is preferred over simple ice and heat packs for the added benefit of compression as well as increased patient compliance, and for the regulation of temperature to prevent over icing or over heating potentially causing injury. This request is considered medically necessary and appropriate.

Elbow garment (purchase): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow - Tennis elbow band.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm and Hand, Vasopneumatic devices. Online edition 2015.

Decision rationale: This request is for the purchase of an elbow garment. The prior request for a Vasotherm4 device was found to be medically necessary. Likewise, the purchase of an elbow garment is found to be medically necessary.

Set-up and Delivery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow - Tennis elbow band.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm and Hand, Vasopneumatic devices. Online edition 2015.

Decision rationale: This request is for set-up and delivery. The prior request for a Vasotherm4 device was found to be medically necessary. Likewise, set-up and delivery is found to be medically necessary.