

Case Number:	CM15-0193945		
Date Assigned:	10/07/2015	Date of Injury:	02/18/2013
Decision Date:	11/20/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/02/2015

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: Orthopedic Surgery, Hand Surgery, Sports 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-work injury on 2-18-13. She reported initial complaints of hand pain. The injured worker was diagnosed as having left hand carpal tunnel syndrome and Reynaud syndrome to the long finger. Treatment to date has included medication, nerve block, surgery (left hand carpal tunnel release with digital nerve sympathectomy on 4-24-15), occupational therapy. Currently, the injured worker complains of stiffness in the left hand. Per the primary physician's progress report (PR-2) on 8-5-15, exam noted full active digital extension with a PIP joint contracture, continued mild degree of edema to the left long finger, improvement in scar tissue, no triggering, and excellent capillary refill. The Request for Authorization requested service to include Pneumatic compression device (Retrospective Dos: 04/24/2015) and Pneumatic compression half left wrap right and left (Retrospective Dos: 04/24/2015). The Utilization Review on 10-1-15 denied the request for Pneumatic compression device (Retrospective Dos: 04/24/2015) and Pneumatic compression half left wrap right and left (Retrospective Dos: 04/24/2015), per Official Disability Guidelines (ODG), Shoulder Chapter, Carpal Tunnel Chapter, Knee and Leg Chapter, Cold compression therapy, Continuous cold therapy, Venous thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic compression device (Retrospective Dos: 04/24/2015): 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), Shoulder Chapter, Carpal Tunnel Chapter, Knee and Leg Chapter, Cold compression therapy, Continuous cold therapy, Venous thrombosis.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed. Chapter 30, Compression Neuropathies.

Decision rationale: This is a request for an inflatable leg compression device used during April 24, 2015 carpal tunnel release surgery. Such devices are used to minimize the risk of deep venous thrombosis. However, deep venous thrombosis is very rare following such surgery and therefore prophylactic measures such as medications or mechanical devices such as this are not recommended in any evidence based medical treatment algorithms. There is no recommendation for the use of such a device in the CA MTUS guidelines or in the much more detailed discussion of such surgical treatment in the specialty text referenced. With no scientific evidence that the device improves outcomes following the surgery performed, the device is determined to have been unnecessary.

Pneumatic compression half left wrap right and left (Retrospective Dos: 04/24/2015):
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: This is a request for disposable leg wraps used with the inflatable compression device requested above. As noted previously, there is no medical evidence that the device improves outcomes following the April 24, 2015 surgery performed in this case. The device has been determined to be unnecessary and the wraps which were used with the device are therefore also determined to have been unnecessary.