

Case Number:	CM15-0207175		
Date Assigned:	10/23/2015	Date of Injury:	04/15/2011
Decision Date:	12/04/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 47 year old female who sustained an industrial injury on 4-15-11. The injured worker reported wrist pain. A review of the medical records indicates that the injured worker is undergoing treatments for bilateral carpal tunnel syndrome, bilateral trigger thumbs, and history of bilateral lateral epicondylitis. Provider documentation dated 7-27-15 noted the work status as modified work status. Treatment has included Voltaren since at least April of 2015, status post carpal tunnel release (8-12-15), wrist splints, chiropractic treatments, Tylenol. Objective findings dated 7-27-15 were notable for "Persistent tenderness is noted over both carpal tunnels with positive Tinel and Phalen signs", intermittent triggering to bilateral thumbs, tenderness to lateral epicondyles. The treating physician indicates that the urine drug testing result (date) showed no aberration. The original utilization review (9-21-15) denied a request for Triple play VT pump x 1, DVT calf wrap (pair) x 1 and DVT calf wrap extenders (pair) x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triple play VT pump x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/400_499/0482.html.

Decision rationale: According to the Aetna Clinical Policy Bulletin, Triple play VT pump times one is not medically necessary. Inflatable compression garments, non-elastic binders, or individually fitted prescription graded compression stockings are considered medically necessary for members who have any of the following medical conditions: 1. Treatment of any of the following complications of chronic venous insufficiency: Lipodermatosclerosis; Stasis dermatitis (venous eczema); Varicose veins (except spider veins); Venous edema; Venous ulcers (stasis ulcers) 2. Edema accompanying paraplegia, quadriplegia, etc. 3. Edema following surgery, fracture, burns, or other trauma. 4. Persons with lymphedema (see CPB 0069 - Lymphedema) 5. Post sclerotherapy. 6. Post-thrombotic syndrome (post-phlebotic syndrome). 7. Postural hypotension. 8. Prevention of thrombosis in immobilized persons (e.g., immobilization due to surgery, trauma, general debilitation, etc.). 9. Severe edema in pregnancy. These compression garments for the legs are considered experimental and investigational for all other indications (e.g., management of spasticity following stroke). In this case, the injured worker's working diagnoses are bilateral carpal tunnel syndrome moderately advanced; bilateral trigger thumbs; and history of bilateral lateral epicondylitis. Date of injury is April 15, 2011. Request for authorization is September 14, 2015. According to a progress note dated August 12, 2015, the injured worker is status post left carpal tunnel release performed August 12, 2015. The injured worker was seen postoperatively and given postoperative instructions. In the middle of the progress note there is an invoice for the compression pump. There is no clinical indication or rationale for the compression pump. The guidelines do not support a compression pump. There is no past medical history or co-morbid conditions putting the injured worker at risk for venous thrombosis. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no co-morbid conditions or past medical history of venous thrombosis or risk factors for venous thrombosis, guideline non-recommendations in the postsurgical period of carpal tunnel release and no clinical indication or rationale for a compression device, Triple play VT pump times one is not medically necessary.

Associated services: DVT calf wrap (pair) x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/400_499/0482.html.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated services: DVT calf wrap extenders (pair) x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/400_499/0482.html.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.