

Case Number:	CM15-0209469		
Date Assigned:	10/28/2015	Date of Injury:	04/06/2014
Decision Date:	12/08/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/23/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 43 year old female with a date of injury on 04-06-2014. The injured worker is undergoing treatment for left carpal tunnel syndrome and diabetes. A physician progress note dated 08-06-2015 documents the injured worker has continued complaints of pain of the left wrist and hand. She still wants surgery. Surgery is rescheduled for 09-21-2015 for left carpal tunnel release. Treatment to date has included diagnostic studies and medications. The treatment plan includes the medications Keflex and Norco along with Vascutherm for a 4 week rental and Vascutherm wrist garment. An unofficial report done on 06-20-2014 showed an electrically positive bilateral carpal tunnel syndrome. On 09-28-2015 Utilization Review non-certified the request for Vascutherm, 4 week rental and Vascutherm wrist garment for purchase, left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm, 4 week rental and vascutherm wrist garment for purchase, left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg, carpal tunnel.

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy or deep vein thrombosis prophylaxis for wrist surgery. ODG, Forearm, Wrist and Hand is silent on the issue of DVT prophylaxis. According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." According to the ODG, carpal tunnel section, continuous cold therapy is recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use. A prospective randomized study was performed comparing the efficacy of a temperature-controlled cooling blanket (CCT) or a standard ice pack in the postoperative treatment of 72 patients with carpal tunnel syndrome. Patients who used CCT showed significantly greater reduction in pain, edema (wrist circumference), and narcotic use post-op than did those using ice therapy. In this study the controlled cold therapy was only used for 3 days. (Hochberg, 2001) Complications related to cryotherapy, including frostbite, are rare but can be devastating. In this case the submitted documentation does not justify objective evidence to support a need for DVT prophylaxis. Based on the request it is unclear whether this is for post operative use. In addition, the request exceeds the recommended rental period. Therefore, based on the guidelines, the request for VascuTherm is not medically necessary.