

<b>Case Number:</b>	CM15-0028802		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	05/29/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 34 year old male sustained an industrial injury on 5/29/03. He subsequently reports continued left wrist pain. The injured worker underwent wrist surgery. Treatments have included splinting, work restrictions, physical therapy and prescription pain medications. On 1/12/15, Utilization Review non-certified a request for Vascutherm Pneumatic cold compression unit rental 30 days with wrap dispensed on 11/21/14. The Vascutherm Pneumatic cold compression unit rental 30 days with wrap dispensed on 11/21/14 was denied based MTUS ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm Pneumatic cold compression unit rental 30 days with wrap dispensed on 11/21/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 9th edition (web) 2011.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel

Syndrome (Acute & Chronic), Continuous cold therapy (CCT)\_  
[http://www.thermotekusa.com/md\\_vascutherm4.php](http://www.thermotekusa.com/md_vascutherm4.php).  
[http://www.thermotekusa.com/md\\_vascutherm4.php](http://www.thermotekusa.com/md_vascutherm4.php).

**Decision rationale:** The injured worker sustained a work related injury on 5/29/03. The medical records provided indicate the diagnosis of status post left wrist open reduction surgery x2. Treatments have included splinting, work restrictions, physical therapy and prescription pain medications. The medical records provided for review do not indicate a medical necessity for Vascutherm Pneumatic cold compression unit rental 30 days with wrap dispensed on 11/21/14. Vascutherm Pneumatic cold compression unit is an equipment that combines heating/cooling temperature management with vascular compression. The MTUS recommends the use of at home application of heat or cold in the treatment of wrist disorders; however, the MTUS does not indicate the length of usage. The Official Disability Guidelines recommends the use of continuous cold therapy (CCT) in the post operative period for no more than 7 days. The rental period exceeds the recommended number of days; therefore, the treatment is not medically necessary.