

<b>Case Number:</b>	CM15-0211227		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 64-year-old female who sustained an industrial injury on 8-8-13. A review of the medical records indicates she is undergoing treatment for bilateral carpal tunnel syndrome. Medical records (9-24-15, 10-7-15) indicate complaints of left hand pain. She reports numbness of both hands, affecting the left more than the right. The physical exam (9-24-15) reveals positive responses to carpal compression maneuvers on the left carpal tunnel. Positive Scratch collapse test is noted of the left carpal tunnel. Diagnostic studies have included x-rays of bilateral hands and wrists and an EMG-NCV study of bilateral upper extremities. She underwent a left carpal tunnel release on 10-12-15. The request for authorization (10-12-15) includes Vascutherm 4 - 4 week rental and a wrist garment - purchase, set-up, and delivery. The utilization review (10-16-15) includes a request for authorization of the Vascutherm and wrist garment. The request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm 4 rental, 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Cold compression therapy.

**Decision rationale:** Vascutherm devices combine thermal and compression therapy. Continuous flow cryotherapy is recommended as an option after surgery of the shoulder, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, the patient will be undergoing surgery for carpal tunnel. Compression therapy is not indicated after carpal tunnel release. The request should not be medically necessary.

**Wrist garment, setup and delivery, purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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

**Decision rationale:** Wrist garment is a compression device for the wrist. It is requested for postoperative care after carpal tunnel release surgery. There is no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following carpal tunnel release may be largely detrimental, especially compared to a home therapy program. There is no medical necessity for wrist garment. The request should not be medically necessary.