

Case Number:	CM15-0036661		
Date Assigned:	03/05/2015	Date of Injury:	11/13/2012
Decision Date:	04/14/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/26/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58 year old female, who sustained an industrial injury on 11/13/2012. The diagnoses have included right carpal tunnel syndrome. She is status post left carpal tunnel release (8/23/2014). Treatment to date has included EMG (electromyography)/NCV (nerve conduction studies) dated 10/10/2013 which showed an abnormal study; there is electroneurographic evidence of bilateral median nerve entrapment at the wrist involving the sensory fibers and demyelinating in pathology. The findings are very mild on the left. Currently, the IW complains of persistent right hand pain and numbness. Objective findings included a positive Phalen's and Tinel's test. Authorization for a right carpal tunnel release was pending. On 2/09/2015, Utilization Review non-certified a request for deep vein thrombosis (DVT) prophylactic compression cuffs noting that the clinical findings do not support the medical necessity of the treatment. The ODG was cited. On 2/26/2015, the injured worker submitted an application for IMR for review of DVT prophylactic compression cuffs and Q tech cold therapy unit (7 day rental was certified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Q tech cold therapy unit: 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) carpal tunnel syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cold/heat packs.
(http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT).

Decision rationale: According to ODG guidelines, cold therapy is "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007) See also Heat therapy; Biofreeze cryotherapy gel." There is no evidence to support the efficacy of hot and cold therapy in this patient. There is not enough documentation relevant to the patient work injury to determine the medical necessity for cold therapy. Therefore, the request for Q tech cold therapy unit is not medically necessary.

DVT (Deep venous thrombosis) prophylactic compression cuffs: 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) knee and legs compression garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Compression Garments. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, compression garments "Recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. (Parsch, 2008) (Nelson-Cochrane, 2008) See also Lymphedema pumps; Venous thrombosis. Recent research: There is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome (PTS) after first-time proximal deep venous thrombosis (DVT). The findings of this study do not support routine wearing of elastic compression stockings (ECS) after DVT. PTS is a chronic disorder affecting 40%-48% of patients during the first 2 years after acute symptomatic DVT. The American College of Chest Physicians currently recommends wearing compression stockings with 30-40 mm Hg pressure at the ankle for 2 years to reduce the

risk of developing PTS, but the data supporting this recommendation are inconsistent, and come from small randomized trials without blinding. This high quality double-blind randomized trial compared compression stockings to sham stockings (without therapeutic compression) in 806 patients with proximal DVT and concluded otherwise.” (Kahn, 2014) There is no documentation that the patient is at increased risk of deep venous thrombosis or have a vascular condition requiring a compression cuff. Therefore, the request for DVT (Deep venous thrombosis) prophylactic compression cuffs is not medically necessary.