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| Case Number: | CM15-0039760 | | |
| Date Assigned: | 03/10/2015 | Date of Injury: | 08/20/2014 |
| Decision Date: | 04/21/2015 | UR Denial Date: | 02/04/2015 |
| Priority: | Standard | Application Received: | 03/02/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on 08/20/2014. He reported a gradual onset of pain, numbness, and weakness of the left hand. The injured worker was diagnosed as having median neuritis, left carpal tunnel, and ulnar neuritis of the left upper extremity. Treatment to date has included physical therapy, electromyogram, laboratory studies, and electrocardiogram. In an operative report dated 01/26/2015 the treating provider reports complaints of left hand and wrist pain with paresthesia with recommendations for open release of the left carpal tunnel and open release of the left canal of Guyon that that was performed on this date. The treating physician requested use of a Vascutherm 4 System and Vascutherm Wrist Garment noting that the injured worker was placed into a splint post surgery with a cold therapy unit incorporated into it.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 4 DVT System - Hot/Cold/ Compression Rental (x4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation http://www.odg-tec.com/odgtwc/Forearm_Wrist_Hand.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Carpal Tunnel Syndrome chapter has the following regarding Continuous cold therapy (CCT).

Decision rationale: This patient has a date of injury of August 20, and is status post left open carpal tunnel release on January 26, 2016. Request for authorization is dated January 26, 2015. The current request is for VASCUTHERM 4 DVT SYSTEM HOT/COLD COMPRESSION RENTAL X4 WEEKS. ODG guidelines under the Carpal Tunnel Syndrome chapter has the following regarding Continuous cold therapy (CCT) "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 postop 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. (Wilke, 2003)" The treating physician states that the "ThermaCool DVT compression system is to be used for 30 days postoperatively for pain control, reduction of inflammation and increased circulation." The ODG Guideline recommends the duration of postoperative use of continuous-flow cryotherapy to be 7 days. The request is for 4 weeks rental, which exceeds what is recommended by ODG. This request IS NOT necessary.

Vascutherm Wrist Garment (Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation http://www.odg-twc.com/odgtwc/Forearm_Wrist_Hand.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter, compression garments.

Decision rationale: This patient has a date of injury of August 20, and is status post left open carpal tunnel release on January 26, 2016. Request for authorization is dated January 26, 2015. The current request is for VASCUTHERM WRIST GARMENT PURCHASE. The ODG guideline under the Carpal Tunnel Syndrome chapter does not discuss compression garments. The ODG guidelines under the shoulder chapter, states for compression garments, "Not generally recommended in the shoulder." It appears the wrist garment is being requested to be utilized with the Vascutherm DVT system. In this case, ODG does not recommend compression garments and the Vascutherm system is not indicated for this patient; therefore the compression garment is not necessary. This request IS NOT medically necessary.