

Case Number:	CM15-0045018		
Date Assigned:	03/16/2015	Date of Injury:	05/10/2010
Decision Date:	04/24/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/09/2015

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, Hawaii
 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 52 year old female who sustained an industrial injury on 5/10/10 from cumulative trauma to the upper extremities. She currently complains of right hand pain, weakness and numbness; left hand pain weakness and numbness. Medications include Norco, Norflex and Ambien. Diagnoses include right shoulder rotator cuff impingement and acromioclavicular joint arthritis; bilateral carpal tunnel syndrome more on the right than the left; right shoulder arthroscopic procedure; status post left knee surgery; decreased range of motion of the right shoulder; neck sprain/ strain and depression. Treatments to date have included home exercise program, therapeutic modalities, splinting, and medications. Diagnostics include nerve conduction testing of the right upper extremity (2013) revealed evidence of moderate conduction delay consistent with right carpal tunnel syndrome; MRI of the right wrist (8/23/14) revealing an abnormal study; MRI of the left shoulder (8/23/14) abnormal study; MRI of the cervical and lumbar spine (8/24/14); MRI of the left knee (8/23/14) abnormal. In the progress note dated 2/2/15 the treating provider requested right carpal tunnel release based on subjective and objective findings. On 2/19/15 the treating physician requested Vascutherm 4- 4 week rental and Vascutherm wrist garment purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 4 (hot/cold compression unit) 4 week rental & Vascutherm wrist garment purchase: 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); continuous cold therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome Continuous-flow Cryotherapy & Splinting.

Decision rationale: The patient presents with right wrist carpal tunnel. The current request is for Vascutherm 4 (hot/cold compression unit) 4 week rental & Vascutherm wrist garment purchase. The treating physician states, "Vascutherm 4 (hot/cold compression unit) 4 week rental". (101B) No further explanation is provided for this request. The Vascutherm wrist garment is an accessory to the machine. The treating physician has documented that there is a pending request for the patient to receive right carpal tunnel release. (86B) The ODG guidelines state, "Recommended as an option only in the postoperative setting. Postoperative use generally should be no more than 7 days, including home use". In this case, the patient is not in the post-surgical timeframe requiring this medical device and the request is for purchase, not the recommended 7 days. The current request is not medically necessary and the recommendation is for denial. Therefore the request is not medically necessary.