

Case Number:	CM15-0046060		
Date Assigned:	03/18/2015	Date of Injury:	03/20/2006
Decision Date:	05/05/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/11/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

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 5/3/02. She reported left and right wrist injury. The injured worker was diagnosed as having left carpal tunnel syndrome and osteoarthritis of left hand and wrist. Treatment to date has included oral steroidal anti-inflammatory medications, oral analgesic medications, wrist splint and open release of left carpal tunnel. Currently, the injured worker complains of worsening numbness and tingling of left hand. Upon physical exam on 9/18/14, pain was noted with resisted maneuvers of left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 4 System, 4 week rental for the Left Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Venous thrombosis.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15 and 16. Decision based on Non-MTUS Citation ODG, Carpal tunnel surgery, continuous cold therapy.

Decision rationale: The patient is a 52 year old female with left carpal tunnel syndrome who underwent left carpal tunnel release on 2/9/15. A vascultherm 4 system, 4 week rental was not certified for the left wrist. This device provides cold therapy, compression and DVT prophylaxis. There was not specific justification for this system provided in the medical records reviewed. From postoperative therapy guidelines, page 15, 'Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery.' 'Passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments.' This supports that carpal tunnel release surgery is relatively simple and should not require significant postoperative DME. Furthermore, continuous cold therapy following carpal tunnel release is addressed by ODG guidelines: continuous cold therapy is recommended as an option only in the postoperative setting and generally for no more than 7 days, including home use. Thus, a 4 week use would exceed these recommendations and should not be considered medically necessary. In addition, there was insufficient documentation of the patient's risk for DVT that would require a 4 week prophylaxis for a relatively short and simple carpal tunnel release. Therefore, the Vacuotherm 4 device should not be considered medically necessary.

Vascultherm wrist garment (purchase) for the Left Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Venous thrombosis.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15 and 16. Decision based on Non-MTUS Citation ODG, Carpal tunnel syndrome, continuous cold therapy.

Decision rationale: The patient is a 52 year old female with left carpal tunnel syndrome who underwent left carpal tunnel release on 2/9/15. A vascultherm wrist garment for purchase was not certified for the left wrist. This device provides cold therapy, compression and DVT prophylaxis. There was not specific justification for this provided in the medical records reviewed. From postoperative therapy guidelines, page 15, 'Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery.' 'Passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments.' This supports that carpal tunnel release surgery is relatively simple and should not require significant postoperative DME. Furthermore, continuous cold therapy following carpal tunnel release is addressed by ODG guidelines: continuous cold therapy is recommended as an option only in the postoperative setting and generally for no more than 7 days, including home use. Thus, a purchased device would exceed these recommendations and should not be considered medically necessary. In addition, there was insufficient documentation of the patient's risk for DVT that would require a 4 week prophylaxis for relatively short and simple procedures like carpal tunnel

release. Therefore, the Vacutherm wrist garment purchase should not be considered medically necessary.