

<b>Case Number:</b>	CM15-0089979		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: New Jersey, Alabama, 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 47-year-old female, who sustained an industrial injury on 2/16/2012. She reported her right thumb locking, pain, and weakness in her wrist and elbow. Diagnoses have included carpal tunnel syndrome, cervicalgia, right biceps tendinitis, tricep tendon tear at elbow site and DeQuervains syndrome. Treatment to date has included carpal tunnel surgery, physical therapy, right shoulder surgery and medication. According to the progress report dated 4/7/2015, the injured worker complained of right shoulder pain. She state that pain extended to right hand. She complained of a flare-up of right elbow pain. She rated her pain as 10/10 without medications and 8-9/10 with medications. Current medications included Oxycodone IR, MS Contin and Prilosec. Physical exam revealed mild tenderness over the posterior neck. Tinel's test was positive on the right. She had dysesthesia over the right first and second digits and over the right cubital tunnel. She was temporarily totally disabled Authorization was requested for VascuTherm with deep vein thrombosis (DVT) rental for 30-day extension for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VascuTherm with DVT (rental, 30-day extension): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines, Continuous flow cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletin: Intermittent Pneumatic Compression Devices ([http://www.aetna.com/cpb/medical/data/500\\_599/0500.html](http://www.aetna.com/cpb/medical/data/500_599/0500.html)).

**Decision rationale:** There is no clear evidence from the patient records that she requires a VascuTherm Intermittent PCD for DVT for 30 days. There is no documentation that she is at risk for developing DVT. Therefore, the request is not medically necessary.