

Case Number:	CM14-0001415		
Date Assigned:	05/16/2014	Date of Injury:	08/09/2001
Decision Date:	06/13/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/03/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant was injured on August 9, 2001. Records indicate a complex history for the right upper extremity. This includes an initial distal humeral fracture treated with open reduction and internal fixation, followed by a subsequent removal of hardware due to infection. The records available for review also document a prior total elbow arthroplasty, for which revision arthroplasty took place on February 21, 2013. Continued complaints of pain and stiffness were noted during a clinical visit dated December 19, 2013. Further surgical treatment in the form of hardware and implant revision with radial nerve neurolysis was recommended at that time. This review addresses the request for purchase of a Vasotherm pneumatic compressive unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

VASCUTHERM PNEUMATIC COMPRESSION THERAPY UNIT & SUPPLIES/COMPRESSION THERAPY PAD (RENTAL OR 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment In

Worker's Comp, 18th Edition, 2013 Updates: Forearm/Wrist/Hand Procedure - Vasopneumatic Devices.

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on Official Disability Guidelines, this request would not be supported as medically indicated. The records available for review do not provide a timeframe during which the Vasotherm compression device would be utilized. Furthermore, the records do not specify the requested supplies, making application of ODG guidelines criteria impossible. While vasopneumatic devices can be utilized for the management of acute complaints and the claimant underwent a recent revision procedure of the right elbow, this request would not be supported as medically necessary and appropriate due to the absence of both a treatment duration and detail on supplies.