

Case Number:	CM14-0142842		
Date Assigned:	09/10/2014	Date of Injury:	03/06/2012
Decision Date:	11/25/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/03/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Ohio. 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 injured worker is a 52-year-old male who reported an injury on 03/06/2012. The mechanism of injury reportedly occurred when coming off a two story roof when the ladder slipped and he fell onto the first story roof. The injured worker has diagnoses of closed fracture to right wrist, osteoarthritis to the right wrist, and radial styloid tenosynovitis. Past medical treatment included medications, occupational therapy, and surgery. Diagnostic testing was not provided. The injured worker underwent a release and reconstruction of the first dorsal compartment of the right wrist on 07/14/2014. The injured worker complained of pain to the right radial wrist on 06/19/2014. The physical examination revealed tenderness to the right radial wrist, positive Finkelstein's responses to the right wrist first dorsal compartment, and pain to the radial wrist with resistant right thumb extension. Medications included Keflex and Norco. The treatment plan was for a DME VascuTherm 4 DVT System with Hot/Cold Compression for a 4 week rental for the right wrist proximal row corpectomy right wrist with treatment with garments/pads for Cervical/Lumbar, Knee/Ankle, Shoulder, and Wrist. The rationale for the request was not submitted. The Request for Authorization form was submitted on 07/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

VascuTherm 4 DVT System with Hot/Cold Compression x 4 weeks rental for right wrist proximal row corpectomy right wrist with treatment with garments / pads for Cervical / Lumbar, Knee / Ankle, Shoulder, Wrist.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cold Packs; Heat Therapy; Vasopneumatic devices, Lymphedema Lumps; Superficial Heat or Cold for Low Back Pain; Shoulder / Continuous-flow cryotherapy.
http://www.aetna.com/cpb/medical/data/500_599/0500.html<http://www.ncbi.nlm.nih.gov/pubmed/19039910>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Cold compression therapy; Shoulder, Compression garments.

Decision rationale: The injured worker is a 63 year old female who sustained an injury to her neck on 10/26/95. The mechanism of injury was not documented. Initial consultation report dated 08/01/14 noted that the injured worker complained of bilateral neck pain radiating to the bilateral shoulders and cervicogenic headaches. It was noted that the injured worker has gone to physical therapy in the past which was not helpful. There was no recent imaging study provided for review; however, MRI of the cervical spine dated January of 2008 reportedly revealed cervical facet joint arthropathy; however, the levels of arthropathy are not specified. The most recent clinical note dated 09/03/14 reported that the injured worker continued to complain of neck pain radiating into the bilateral shoulders with associated cervicogenic headaches. Physical examination of the cervical spine noted tenderness upon palpation of the paraspinal musculature overlying bilateral C2-3, C3-4, and C4-5 facet joints; cervical range of motion restricted by pain in all directions; cervical extension worse than flexion; Spurling's maneuver negative bilaterally; shoulder abduction test negative bilaterally; percussion of the neurovascular complex in the supraclavicular fossa and in the medial upper arm were negative bilaterally; Tinel's at the elbow, carpal tunnel and Guyon's canal testing negative bilaterally; Allen's and Phalen's testing negative bilaterally; muscle stretch reflexes are 1 and symmetric bilaterally in all limbs; clonus and Hoffmann's absent bilaterally; muscle strength 5/5 in all limbs.