MAXIMUS Federal Services

Case Number:	CM14-0144492		
Date Assigned:	09/12/2014	Date of Injury:	12/14/2012
Decision Date:	10/14/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/05/2014

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 Family Medicine 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 patient is a 63-year-old male who has submitted a claim for status post right open carpal and Guyon's tunnel release, status post right thumb A-1 pulley release , right trigger thumb, and status post right distal radial fracture associated with an industrial injury date of 12/14/2012.Medical records from 11/30/2012 to 08/06/2014 were reviewed and showed that patient complained of right thumb pain graded 7/10. There was no documentation of recent trauma or acute injury. Physical examination (08/06/2014) revealed well-healed incision, no swelling or tenderness, full ROM, and no motor and sensory deficits. EMG/NCV of bilateral upper extremities dated 04/01/2014, revealed moderate right carpal tunnel syndrome, severe left carpal tunnels syndrome, and mild bilateral cubital tunnel syndrome. Treatment to date has right thumb A-1 pulley release (05/28/2014), vascutherm pneumatic compression therapy (08/20/2014), compression therapy pad, Percocet, Norco, and Vistaril. Utilization review dated 08/27/2014, denied the request for 14 day rental vacutherm pneumatic compression therapy and one compression therapy pad because the approved surgery was not ordinarily associated with significant post-operative pain and or swelling that usually can be controlled by elevation of the part, disposable ice bag, and oral anodynes as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Rental Vascutherm Pneumatic Compression Therapy DOS 8/20/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand, Cold Packs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hands, Vasopneumatic Devices

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established bythe California Department of Industrial Relations, Division of Workers' Compensation, OfficialDisability Guideline (ODG), Pain Chapter, Insomnia Section was used instead. ODGrecommends that vasopneumatic devices are recommended as an option to reduce edema afteracute injury. The treatment goal of vasopneumatic devices, such as intermittent compressiontherapy, is to reduce venous hypertension and edema by assisting venous blood flow back towardthe heart. In this case, the patient underwent right thumb A-1 pulley release on 05/28/2014.There was no documentation of recent trauma or injury. Physical exam findings did not revealswelling or tenderness over the right thumb. There was no clear indication for the use ofpneumatic vasocompression therapy (DOS 08/20/2014) when the patient was almost 3 monthsstatus post surgery and did not report recent trauma or injury. There was no discussion as to whyvasocompression therapy was needed. The request likewise failed to specify the body part to betreated. Therefore, the request for retrospective rental vascutherm pneumatic compressiontherapy DOS 8/20/14 was not medically necessary.

Retrospective One Compression Therapy Pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand, Cold Packs

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services aremedically necessary.