

Case Number:	CM14-0087550		
Date Assigned:	07/23/2014	Date of Injury:	06/28/2013
Decision Date:	10/01/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	06/11/2014

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 is a 26 year old female with an industrial injury dated 06/28/13. MRI of 08/22/13 demonstrate evidence of tendinosis and the patient continued to undergo physical therapy sessions; in which she has completed 7-8 sessions. Exam note 12/17/13 states the patient returns with numbness and tingling in her arms. She had spasms in both wrists. Exam note 03/06/14 states the patient returns with greater pain in the left than the right wrist. Upon examination the patient had a non-tender 3mm soft cystic like mass on the dorsum of the left hand. She was diagnosed with a ganglion cyst and was told to continue with conservative treatments. Exam note 04/03/14 states the patient had a 1.5 soft cystic like mass, nontender over dorsal hand upon examination. The patient demonstrates a decreased range of motion, along with tenderness to palpation on the left wrist. The cyst has continually grew larger and the doctor suggests surgery. The patient was diagnosed with a wrist sprain and treatment includes a cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 4 for 2 week rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, wrist & hand chapter

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 and Hand, Vasopneumatic devices

Decision rationale: CA MTUS/ACOEM is silent on the issue of vascutherm devices. According to the Forearm, Wrist and Hand section of ODG, Vasopneumatic devices, it's use is recommended as an option to reduce edema after acute injury. In this case, there is no evidence of acute injury or edema from the exam note from 4/3/14. Therefore, this request for Vascutherm 4 for 2 week rental is not medically necessary.

Left wrist garment purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 are medically necessary.