

Case Number:	CM15-0014747		
Date Assigned:	02/02/2015	Date of Injury:	01/21/2013
Decision Date:	03/19/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/26/2015

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: California

Certification(s)/Specialty: Emergency 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 55 year old female, who sustained an industrial injury on 1/21/2013. The diagnoses have included carpal tunnel syndrome, lumbar disc disease, and lumbar disc herniation. Treatment to date has included surgical and conservative measures. Currently, the injured worker complains of neck and back pain. The progress report, dated 11/26/2014, reviewed magnetic resonance imaging findings and nerve conduction studies. Cervical spine magnetic resonance imaging was documented as showing multiple disc herniations, all with compression of the spinal cord. Disc herniation of 5mm was noted in the lumbar spine, L5-S1. The nerve conduction studies indicated bilateral carpal tunnel syndrome. Physical exam noted decreased sensory evaluation to the right palm of hand. On 1/12/2015, Utilization Review non-certified a request for vascultherm wrist garment, purchase, and vascultherm 4 system, rental x 4 weeks, citing the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Vascultherm wrist garment, 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) Continuous Cold Therapy (CCT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carpal Tunnel Syndrome

Decision rationale: Review of online Thermotek website reveals that Vascutherm is a device that provides cold/hot therapy, compression and DVT prophylaxis. The provider has not documented what function of the device is to be used. MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, continuous cold therapy is recommended post-operatively but only up to 7days. The Official Disability Guide (ODG) recommend post-operative monitoring for venous thrombosis and may consider prophylaxis if patient is high risk. However, upper extremity surgery especially wrist surgery that pt is suppose to get is low risk for upper extremity venous thrombosis. There is also no documentation to support if patient has any other medical problems that predispose the patient to high risk to develop venous thrombosis. Pt does not meet criteria for upper extremity DVT prophylaxis and exceeds recommended time for CCT. Vascutherm is not medically necessary. Since Vascutherm device is not medically necessary, wrist garment is also not necessary.

Associated Surgical Services: Vascutherm 4 system, rental for 4 weeks: 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) Vasopneumatic devices

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carpal Tunnel Syndrome ODG: Shoulder

Decision rationale: Review of online Thermotek website reveals that Vascutherm is a device that provides cold/hot therapy, compression and DVT prophylaxis. The provider has not documented what function of the device is to be used. MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, continuous cold therapy is recommended post-operatively but only up to 7days. The Official Disability Guide(ODG) recommend post-operative monitoring for venous thrombosis and may consider prophylaxis if patient is high risk. However, upper extremity surgery especially wrist surgery that pt is suppose to get is low risk for upper extremity venous thrombosis. There is also no documentation to support if patient has any other medical problems that predispose the patient to high risk to develop venous thrombosis. Pt does not meet criteria for upper extremity DVT prophylaxis and exceeds recommended time for CCT. Vascutherm is not medically necessary.