

Case Number:	CM15-0121481		
Date Assigned:	07/02/2015	Date of Injury:	11/15/2012
Decision Date:	07/31/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/23/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 38 year old female sustained an industrial injury to the right wrist and distal forearm on 11/15/12. The injured worker was diagnosed with closed fracture of the ulnar styloid and ulnar neuritis. Previous treatment included right wrist arthroscopy with triangular fibrocartilage complex ligament repair (2/21/13), right wrist surgery (12/5/13), bracing and medications. Electromyography/nerve conduction velocity test right upper extremity (3/3/15) was normal. Magnetic resonance imaging arthrogram (2/19/15) showed a triangular fibrocartilage complex tear, a palmar scapholunate tear, subluxation of the extensor carpi ulnaris tendon and fluid around the extensor pollicis brevis and abductor pollicis longus tendons. The injured worker stated that she obtained no relief from the first surgery and 70% improvement following the second surgery. In a PR-2 dated 3/12/15, the injured worker complained of constant pain to the right wrist and weakness to the left wrist. Physical exam was remarkable for tenderness to palpation to the volar ulnar of the left wrist and distal ulna. The physician was unable to do Finkelstein's maneuver on the right wrist due to pain. Current diagnoses included right wrist triangular fibrocartilage complex tear, healed ulnar styloid fracture and healed radial shaft fracture right wrist. The treatment plan included Darrach procedure to the right wrist with reconstruction of distal radioulnar joint ligaments, triangular fibrocartilage complex repair and reconstruction of extensor carpi ulnaris tendon and associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) vascutherm, 4 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 (ODG-TWC); ODG Treatment: Integrated Treatment/Disability Duration Guidelines, Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chapter-Forearm, Wrist, and Hand, Cold Packs, page 157.

Decision rationale: The vascutherm device provides heat and cold compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. The patient has planned upper extremity surgical procedure and the provider has requested for this vascutherm hot/cold compression unit. Submitted reports have not demonstrated any obesity condition, smoking history, or intolerance to anticoagulants in the prevention of DVT nor identified how the procedure would prevent the patient from mobility post surgery. Rehabilitation to include mobility and exercise are recommended post-surgical procedures as a functional restoration approach recommended by the guidelines. MTUS Guidelines is silent on specific use of cold compression therapy with pad and wrap, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period, as efficacy has not been proven after. Submitted reports have not demonstrated indication or extenuating circumstances to support for this unit beyond guidelines criteria. The durable medical equipment (DME) vascutherm, 4-week rental is not medically necessary and appropriate.

Durable medical equipment (DME) vascutherm wrist garment for right wrist, 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-TWC); ODG Treatment: Integrated Treatment/Disability Duration Guidelines, Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chapter-Forearm, Wrist, and Hand, Cold Packs, page 157.

Decision rationale: The vascutherm device provides heat and cold compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. The patient has planned upper extremity surgical procedure and the provider has requested for this vascutherm hot/cold compression unit. Submitted reports have not demonstrated any obesity condition, smoking history, or intolerance to anticoagulants in the prevention of DVT nor identified how the procedure would prevent the patient from mobility post surgery. Rehabilitation to include mobility and exercise are recommended post-surgical

procedures as a functional restoration approach recommended by the guidelines. MTUS Guidelines is silent on specific use of cold compression therapy with pad and wrap, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period, as efficacy has not been proven after. Submitted reports have not demonstrated indication or extenuating circumstances to support for this unit beyond guidelines criteria. As the Durable medical equipment (DME) vascutherm, 4-week rental is not medically necessary and appropriate, thereby, the Durable medical equipment (DME) vascutherm wrist garment for right wrist, purchase is not medically necessary and appropriate.