

<b>Case Number:</b>	CM15-0122474		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	06/10/2012
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: Orthopedic Surgery, Hand Surgery, Sports 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 58 year old male with an industrial injury dated 06/10/2012. His diagnoses included bilateral carpal tunnel syndrome, bilateral carpal tunnel release and left wrist mass. Prior treatments included occupational therapy, status post right endoscopic carpal tunnel release/cubital tunnel release (08/26/2014), status post left carpal tunnel release (01/07/2014), home exercise program and pain medications. In the progress note dated 12/11/2014 there is documentation stating "left cyst seems to be getting bigger again." Progress note dated 02/12/2015 notes "continue to observe cyst. Not recommending treatment yet." The injured worker presents on 05/11/2015 (most recent record available) with complaints of pain at bilateral elbow and wrists. Physical exam of the left wrist noted fluctuant mass which was tender to palpation. Treatment plan was for left wrist mass/cyst excision. The treatment request is for associated surgical service: intermittent limb compression device (left wrist.)

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Intermittent limb compression device (left wrist): 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) Forearm,

Wrist and Hand Procedure Summary last updated (updated 05/11/15) Online Version, Deep vein thrombosis prophylactic treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine, PubMed.

**Decision rationale:** This is an unusual request for an intermittent limb compression device in injured worker with long-standing bilateral upper extremity symptoms. Notes from the treating physician are brief, handwritten and poorly legible. No rationale for the proposed device is provided. A search of the National Library of Medicine's PubMed database on August 7, 2015 identified no scientific evidence of efficacy of such devices in this clinical scenario. Therefore, the request is determined to be medically unnecessary.