

<b>Case Number:</b>	CM15-0043300		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	10/17/2010
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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, District of Columbia, Maryland  
Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 41-year-old female, who sustained an industrial injury on 10/17/2014. She has reported injury to the left upper extremity. The diagnoses have included severe crushing of the left upper arm, elbow, forearm, wrist, hand, with subsequent scarring; and mallet left thumb. Treatment to date has included medications and surgical intervention. A progress note from the treating physician, dated 01/16/2015, documented a follow-up visit with the injured worker. The injured worker reported inability to actively extend the left thumb. Objective findings included no new local changes to the left thumb; able to actively flex interphalangeal joint of the left thumb; and cannot abduct left thumb metacarpal at the metacarpophalangeal joint. The treatment plan has included surgical intervention, reconstruction of the left thumb with volar plate capsulorrhaphy, extensor tendon transfer, arthrodesis interphalangeal joint left thumb, bone graft substitute, allograft, scheduled for 02/10/2015; medications; and Thermocool Compression System post-operatively for pain control, reduction of inflammation, and increase circulation. Request is being made for Vascutherm 4 system x 4 weeks rental, left finger.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm 4 system x 4 weeks rental, Left finger:** 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 - flow cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, continuous flow cryotherapy.

**Decision rationale:** The vascular system is a continuous flow cryotherapy system intended for postoperative use. The attached medical record has already made request for Thermocool compression system for postoperative use, which is another continuous flow cryotherapy system. Furthermore, such systems are only recommended for the first seven days of the postoperative period. Considering there is a request for two similar units as well as a request for four weeks of use, this request is not medically necessary.