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| <b>Case Number:</b>   | CM15-0092235 |                              |            |
| <b>Date Assigned:</b> | 05/18/2015   | <b>Date of Injury:</b>       | 04/09/2010 |
| <b>Decision Date:</b> | 06/18/2015   | <b>UR Denial Date:</b>       | 05/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/13/2015 |

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 45 year old female who sustained an industrial injury on 04/09/2010. The injured worker was diagnosed with bilateral carpal tunnel syndrome, radial styloid tenosynovitis and lumbago. Treatment to date includes diagnostic testing, splinting, surgery, physical therapy, home exercise program and medications. The injured worker underwent left carpal tunnel release in September 2010, a left carpal tunnel release (re-do) and left De Quervain's release on June 20, 2013 and an open right carpal tunnel release on May 5, 2015. According to the primary treating physician's progress report on February 26, 2015, the injured worker continues to experience numbness and tingling to the bilateral hands, right worse than left with a positive Flick sign. Positive right Tinel's, positive right carpal compression test and positive right scratch collapse test were noted. The physical examination was 3 months preoperatively. Medications were not documented. There was no discussion or medical review submitted post-operatively. Treatment plan consists of the current request for a VascuTherm 4 System Rental for 4 weeks and VascuTherm wrist garment purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm 4 system rental 4 weeks right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ACOEM-prevention of venous thromboembolic disease-anticoagulant medication Official Disability Guidelines (ODG), shoulder chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, cryotherapy.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is for post surgical use, but the ODG places a finite period of time this is recommended for use after surgery. The request is in excess of this 21 day period and therefore not medically necessary.

**Vascutherm wrist garment purchase for right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ACOEM-prevention of venous thromboembolic disease-anticoagulant medication Official Disability Guidelines (ODG), shoulder chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, cryotherapy.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is for post surgical use, but the ODG places a finite period of time this is recommended for use after surgery. The request is in excess of the 21 day maximum and therefore is not medically necessary.