

Case Number:	CM13-0012605		
Date Assigned:	09/26/2013	Date of Injury:	03/28/2007
Decision Date:	01/29/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 39-year-old female who sustained a work related injury on 03/28/2007. The patient's diagnoses included A1 pulley cyst on the right finger and left thumb, mild median ulnar neuritis, and wrist joint inflammation bilaterally. Subjectively, the patient reported pain, numbness, tingling, and stiffness in both hands. Objective findings revealed tenderness and decreased grip strength bilaterally. The clinical information indicates the patient underwent surgical intervention on 08/29/2013. Postoperatively, \ objective findings revealed satisfactory sensory function and tenderness along the A1 pulley of the right long finger. The postoperative treatment plan included mobilization through physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 polar care: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, Heat Therapy

Decision rationale: Official Disability Guidelines recommend the use of cryotherapy in conjunction with heat therapy for arthritis of the hands. The clinical provided lacks evidence to support a diagnosis of arthritis to warrant the use of cryotherapy. Additionally, given that the requested service was for postoperative use, the request cannot be validated as the patient underwent surgical intervention in 08/2013. This far removed from the surgical date; there is no indication for the requested service. As such, the request for 1 polar care is non-certified.

1 sling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.wheelsonline.com/ortho/trigger_finger_tenosynovitis

Decision rationale: CA MTUS/ACOEM and OGD do not address. Literature indicates that "immediate post-op mobilization is recommended as adhesions may form." The clinical information submitted for review indicates that the patient underwent surgical intervention in 08/2013 and was recommended for postoperative physical therapy. Given literature recommendations and that the request is this far removed from the surgical date, there is no evidence to support the use of a sling. As such, the request for 1 sling is non-certified.

20 Amoxicillin 875 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease Chapter, Bone & joint infections: prosthetic joints.

Decision rationale: Official Disability Guidelines state that "antibiotic prophylaxis is recommended for procedures that can produce bacteremia in patients with artificial joints which includes invasive dental procedures, colonoscopy, and urological surgery." The clinical provided lacked documentation that the patient has any sort of prosthetic joints. There is no evidence to support the use of prophylactic antibiotic treatment prior to surgical intervention. As such, the request for 20 Amoxicillin 875 mg is non-certified.

20 Zofran 8 mg:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601209.html>

Decision rationale: CA MTUS/ACOEM and OGD did not address the request. Literature states that "Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery." While the clinical information provided indicated that the patient was a surgical candidate and the need for postsurgical antiemetics may have been warranted, the request is not supported as the patient underwent surgical intervention in 08/2013. As such, the request for 20 Zofran 8 mg is non-certified.

180 Neurontin 600 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 18.

Decision rationale: CA MTUS states that "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain, but there is limited evidence to show that this medication is effective for postoperative pain." The clinical information provided lacks objective documentation of evidence to support pathology of neuropathy. Given the limited evidence of efficacy postoperatively and the documentation submitted for review, the request is not supported at this time. Therefore, the request for 180 Neurontin 600 mg is non-certified.