

Case Number:	CM13-0014599		
Date Assigned:	10/08/2013	Date of Injury:	09/13/2010
Decision Date:	01/24/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/22/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 67-year-old female who reported an injury on 09/13/2010. The mechanism of injury was not provided. The patient was noted to be certified for a right carpal tunnel release and right wrist flexor tenosynovectomy on 07/25/2013. The patient's diagnoses were noted to include carpal tunnel syndrome. The request was made for occupational therapy 3 times 4 with a certified hand therapist; cold therapy via ThermoCool compression therapy for 30 days; Norco 10/325 one tablet by mouth every 4 to 6 hours as needed #90 with 1 refill; custom splint, wrist neutral, fingers, thumb free, right; continuous passive motion (CPM) for finger for 30 days; and Keflex 500 mg 1 tablet 3 times a day #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 3 x 4 with certified hand therapist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines recommend postoperative therapy for 1/2 the number of the recommended total for the surgery.

The recommended number of visits for carpal tunnel syndrome postoperatively is 4. The clinical documentation submitted for review failed to provide exceptional factors to warrant

Cold therapy: ThermoCool compression therapy for 30 days: 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), Carpal Tunnel Syndrome Chapter, Continuous Cold Therapy, Online Version

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS/ACOEM Guidelines do not address cryotherapy. The Official Disability Guidelines recommend continuous cold therapy in the postoperative setting for 7 days including home use. The clinical documentation submitted for review failed to provide exceptional factors to warrant nonadherence to the guideline recommendations. The patient's surgical procedure was noted to have been certified on 07/25/2013. Given the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for cold therapy via ThermoCool compression therapy for 30 days is not medically necessary.

Norco 10-325mg, one tablet q4-6 hrs prn, #90, with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines recommend short-acting opioids such as Norco for controlling chronic pain. The request was noted to be for postoperative pain. The clinical documentation submitted for review failed to provide the necessity for 90 tablets along with 1 refill. Given the lack of documentation of exceptional factors, the request for Norco 10/325 mg 1 tablet every 4 to 6 hours as needed #90 with 1 refill is not medically necessary.

Custom splint; wrist neutral, fingers, thumb free, right: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 263-264.

Decision rationale: The Physician Reviewer's decision rationale: ACOEM Guidelines indicate that initial care of patients with carpal tunnel syndrome include splinting of the wrist in neutral

position. It does not indicate there should be the use of a splint postoperatively and the clinical documentation submitted for review failed to provide the necessity for a custom-fitted splint. Given the above lack of documentation, the request for a custom splint, wrist neutral, fingers, thumb free, right, is not medically necessary.

Continuous passive motion (CPM), finger, 30 days: 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), Carpal Tunnel Syndrome Chapter, Continuous Passive Motion, online version

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS/ACOEM Guidelines do not address continuous passive motion. The Official Disability Guidelines are silent on continuous passive motion postoperatively. However, the Official Disability Guidelines recommend continuous passive motion after flexor tendon repair in the hand. The clinical documentation submitted for review, however, failed to provide the necessity for 30 days. Given the above, the request for continuous passive motion (CPM) for the fingers for 30 days is not medically necessary.

Keflex 500mg, one tablet TID, #30: 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 RONALD K. WOODS, M.D., PH.D., and E. PATCHEN DELLINGER, M.D., University of Washington Medical Center, Seattle, Washington Am Fam Physician. 1998 Jun 1;57(11):2731-2740

Decision rationale: The Physician Reviewer's decision rationale: Keflex is in a group of drugs called cephalosporin antibiotics. Keflex fights bacteria in the body. Keflex is used to treat infections caused by bacteria, including upper respiratory infections, ear infections, skin infections, and urinary tract infections. Neither the California MTUS/ACOEM Guidelines nor the ODG address the postoperative use of Keflex. Per [REDACTED] (1998), antibiotic prophylaxis is recommended in the insertion of a prosthetic joint, ankle fusion, revision of a prosthetic joint, reduction of hip fracture, reduction of high energy closed fracture and reduction of open fractures. The clinical documentation submitted for review failed to provide the necessity for 30 tablets. Additionally, it failed to provide that the patient had a qualifying orthopedic procedure that would precipitate the necessity for an antibiotic. Given the above, the request for Keflex 500 mg 1 tablet 3 times a day #30 is not medically necessary.