

Case Number:	CM13-0022848		
Date Assigned:	03/19/2014	Date of Injury:	03/08/2011
Decision Date:	05/29/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/11/2013

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. The expert reviewer is Board Certified in Physical Medicine and 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 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/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 has submitted a claim for tenosynovitis of the hand/wrist associated with an industrial injury date of March 8, 2011. Treatment to date has included microdiscectomy and laminectomy at L3-L4, L4-L5, and L5-S1 April 2012, medications, and 6 sessions of right wrist physical therapy. Medical records from 2013 were reviewed showing that the patient has been scheduled for outpatient open shortening of the ulnar styloid and has been prescribed DVT prophylaxis boots, a cold therapy unit, and postoperative physical therapy. The documentation did not specifically indicate any Deep vein thrombosis (DVT) risks for the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep vein thrombosis sequential boots: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Compression Garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, (ODG), KNEE AND LEG CHAPTER, VENOUS THROMOBOSIS AND COMPRESSION GARMENTS.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, Knee and Leg chapter, Venous thrombosis and compression garments was used instead. The Official Disability Guidelines do not specifically recommend the pneumatic intermittent compression device because the use of standard compression garments serve the same purpose. In this case, the patient will be undergoing hand surgery. There was no mention of any risk factors that may increase the likelihood of a DVT during the surgery. Therefore, the request for deep vein thrombosis sequential boots is not medically necessary.

The 7 day rental of a cold therapy unit: 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).

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 COLD PACKS.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, Forearm, Wrist, & Hand, Cold Packs was used instead. The Official Disability Guidelines state that cold packs are recommended during the first few days of acute complaints and thereafter application of heat packs. In this case, there is no specific discussion as to why the patient must use an automated device instead of a conventional ice pack; there is no indication of lesser efficacy for conventional ice packs for this patient. Therefore, the request for a 7 day rental of a cold therapy unit is not medically necessary.

Postoperative physical therapy (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As stated in the California MTUS Postsurgical Treatment Guidelines, TFCC reconstruction postsurgical treatment consists of 16 visits over 10 weeks. The initial course of treatment is half the number of total visits. In this case, the request for postoperative physical therapy is for well over half of the recommended amount. Therefore, the request for postoperative physical therapy (12 sessions) is not medically necessary.