

Case Number:	CM13-0027417		
Date Assigned:	12/11/2013	Date of Injury:	10/20/2009
Decision Date:	01/27/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/20/2013

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 Occupational Medicine 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 applicant has filed a claim for chronic hand pain associated with cumulative trauma at work. Thus far, the applicant has been treated with the following: Analgesic medications; wrist braces; attorney representation; transfer of care to and from various providers in various specialties; multiple trigger finger releases; and 14 to 24 sessions of postoperative physical therapy. It is incidentally noted that the claimant underwent carpal tunnel release surgery in October 2010, another carpal tunnel release surgery in March 2011, and multiple trigger finger releases in June and December 2012. A later note of August 19, 2013 is notable for the comments that the claimant underwent a left trigger finger release on August 8, 2013. Her triggering is diminished. She had depigmentation associated with a De Quervain's injection. She is on tramadol and Axid. Sutures are in place with no signs of infection and a healing scar appreciated about the left hand. The wound is clean. The sutures are removed. The claimant is given refills of Axid and Tramadol and placed off of work, on total temporary disability. Postoperative chiropractic manipulative therapy is sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

continued cool care unit: 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), Shoulder Disorders

Decision rationale: The MTUS does not address the topic. As noted in the ODG Shoulder Chapter Continuous Flow Cryotherapy topic, continuous cooling devices are recommended as an option for seven days postoperatively. They are not recommended on a chronic, longterm, or scheduled use for which they are being proposed here, as ODG notes that the potential adverse effects/complications can include frostbite and can be potentially devastating. Continued usage of the cooling device at this late date, over seven days removed from the date of surgery, is not recommended and is therefore not certified.

Tramadol ER 150mg #60: Overturned

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): 94.

Decision rationale: Per the attending provider, the applicant underwent a left ring finger release surgery on August 8, 2013. Thus, she was in the immediate postoperative/preoperative window on or around the date of the utilization review report of September 4, 2013. Continued provision of tramadol was indicated in this context, as suggested on Page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, which states that tramadol is indicated for moderate-to-severe pain. It is incidentally noted that this case is mostly accurately characterized as a postoperative case as opposed to a chronic pain case. Continuing to employ tramadol at the one month mark of the date of surgery was indicated. The request is certified, on independent medical review.

supplies for an Orthostim unit: 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 Neuromuscular electrical stimulation, Galvanic Stimulation Page(s): 117, 121. Decision based on Non-MTUS Citation product description found at <http://www.vqorthocare.com/products/surgistim-4/>

Decision rationale: The OrthoStim device contains many modalities which carry unfavorable recommendations in the MTUS. Some of the modalities include high voltage stimulation/galvanic stimulation and neuromuscular stimulation. However, neuromuscular stimulation, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines is recommended only in the post-stroke rehabilitative context as opposed to the chronic pain context/postsurgical pain context present here. Similarly, galvanic stimulation is considered investigational for all indications, per page 117 of the MTUS Chronic Pain Medical Treatment

Guidelines. Since multiple modalities in the device carry unfavorable recommendations, the entire device is considered to carry an unfavorable recommendation.

conductive glove: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary items are not medically necessary, none of the associated items are medically necessary.