

Case Number:	CM13-0035118		
Date Assigned:	12/13/2013	Date of Injury:	09/06/2005
Decision Date:	02/12/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/16/2013

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 Orthopedic Surgery 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:

This is a 29-year-old male who has persistent left upper extremity complaints following a vocationally related injury in September of 2005. Apparently, he underwent previous ulnar tunnel release and TFCC repair in September of 2012 and then developed a localized abscess. More recent notes from his treating provider suggest that the claimant has an open wound with an exposed tendon. It was recommended that the claimant undergo surgical debridement and delayed primary closure. The request was to determine the medical necessity of this procedure and subsequent testing and medications that were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left forearm closure delayed with wire sutures with anesthesia: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Campbell's Operative Orthopaedics, 12th Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery - chapter 49 - The Mangled Upper Extremity: Secondary Procedures

Decision rationale: The records would suggest that, based on the treatment provider's notes, the delayed closure with wire sutures would appear to be reasonable and appropriate in this setting. According to the treating provider's notes, the patient has an open wound with exposed tendon. It would be important to obtain satisfactory soft tissue closure. If this has been opened for a considerable length of time, which appears to be the case following I & D at another facility, a delayed primary closure may be indicated. Wire sutures to allow this would appear to be a reasonable and appropriate step. The request for this procedure to be done under anesthesia would appear to be reasonable and appropriate, as this patient requires some type of anesthetic management in order to satisfactorily complete the debridement and delayed wound closure.

Trazodone 50mg #60: 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), Treatment Index, 11th edition (web), 2013, Pain Chapter, Insomnia Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Anti-depressants. Decision based on Non-MTUS Citation Physician's Desk Reference: 2013: Trazadone.

Decision rationale: The request for Trazodone cannot be recommended in this particular case. The MTUS Chronic Pain Guidelines do not support the indication for Trazodone. It is described as a sedating antidepressant and can be used for insomnia. The rationale for this prospective request cannot be identified in the records and as such, this request cannot be considered reasonably medically necessary.

Vicodin 5/500 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: This patient has a long history of narcotic use as documented in the records. In fact, there are a number of references that have raised concerns about the indications of this medication. If this is being used as a postoperative medication, then it would be considered reasonable and appropriate, but for short term use, which is consistent with MTUS Chronic Pain Guidelines. Obviously, in this setting, the patient would need to be carefully monitored due to his prior history for aberrant drug related behaviors, side effects or ineffective pain relief from the medication.

Preoperative medical clearance: 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), Treatment Index, 11th edition (web), 2013, Low Back Chapter, Preoperative testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Low Back: Preoperative Testing

Decision rationale: The ODG Guidelines would suggest that medical consultation would be indicated where the patient is a complicated case whose care may require additional expertise. That said, it is unclear, from the records, as to the indications for preoperative medical clearance. The treating provider suggests that this gentleman has significant kidney and liver issues that are not well documented in the records. If, in fact, that would be the case, medical clearance would be appropriate, but in this 29-year-old individual, it is not clear as to the indications for medical clearance in this setting. As such, the request in and of itself cannot be considered reasonably medically necessary.

Preoperative lab blood count metabolic panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th edition (web), 2013, Low Back Chapter, Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter; Preoperative Testing

Decision rationale: Preoperative laboratory and metabolic panel would appear to be appropriate in this particular case, although this patient's general health appears to be satisfactory. His treating provider has raised questions about the liver and kidney function tests. As such, if there are concerns in that regard, a preoperative laboratory analysis should be completed and would appear to be consistent with the evidence-based guidelines.

Electrocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Treatment Index, 11th edition (web), 2013, Low Back Chapter, Preoperative testing and AHRQ National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter: preop testing

Decision rationale: It is unclear as to the indications of this. The records do not document a history of comorbidities that would necessitate a preoperative electrocardiogram in this 29-year-old individual. As such, the request would not be considered reasonably medically necessary.

Chest x-ray: 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), Treatment Index, 11th edition (web), 2013, Low Back Chapter, Preoperative testing and AHRQ National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, chapter low back: Preop testing

Decision rationale: I offer the same comment as the EKG. Based on the patient's age and the absence of documented evidence of pulmonary disease, there would be no indication for a chest x-ray in this setting

Polar Care rental 21 days: 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), Treatment Index, 11th edition (web), 2013, Carpal Tunnel Syndrome, Continuous cold therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter knee: cold therapy unit

Decision rationale: The MTUS Guidelines are silent in this regard, but Official Disability Guidelines state that postoperative use of a cryotherapy can be considered reasonable for seven days, but would not be considered reasonable and appropriate for the 21 days requested. As such, the request would not be considered reasonably medically necessary.

Amoxicillin 875 mg #20: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgical Site infection prevention: the operating room environment, Clyburn TA, et al.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference 2013: Amoxicillin

Decision rationale: It would appear, based on the history, the attending is providing this as preoperative coverage in this gentleman who has a prior history of soft tissue wound infection. Although there is no clear discussion as to the indications for this, it would appear reasonable

based on this patient's history of prior infections, to cover this patient for a ten day course of antibiotics, which appears to have been recommended. Based on the fact that surgery appears to be reasonable and appropriate, this request would also appear to be appropriate.

Zofran 8 mg #20: 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), Treatment Index, 11th edition (web), 2013, Pain Chapter, Antiemetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference 2013: Zofran

Decision rationale: There is no indication this patient is likely to suffer from postoperative nausea, which would be the typical indications for this medication. While this gentleman may require management of postoperative nausea, it would not be typically prescribed prospectively.

Neurontin 600 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

Decision rationale: There is no indication that this medication would have benefit in the postoperative acute pain management. The above statements are supported by MTUS Guidelines and as such, there is no indication for its use in this particular setting.

ReJuveness (1 silicone sheeting): 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 ReJuveness: The Leader in Scar Management; locate through Drugstore.com or Amazon.com

Decision rationale: The use of ReJuveness as an over-the-counter silicone sheet cannot be recommended as medically necessary. There are no high quality studies that would support its use in this particular setting. As such, one cannot recommend this as being reasonable or medically necessary. The above statements are made and recognized in that neither MTUS nor Official Disability Guidelines specifically to address this particular issue