

Case Number:	CM13-0055257		
Date Assigned:	12/30/2013	Date of Injury:	12/14/2009
Decision Date:	03/14/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/16/2013

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 54 year old gentleman who was injured in a work-related accident 12/14/09, sustaining a crush injury to his hand while getting it caught in a fan. This resulted in partial amputation to the right thumb. Post injury and surgical process, he was with diminished motion noted to the digits of which a second surgery was performed in January 2013 in the form of a right thumb revision amputation with nail bed reconstruction and skin flap procedure. Recent clinical follow-up of 10/14/13 indicates continued stiffness of the digits with limited motion and an inability to perform normal function. The described examination showed sensitivity to the right long fingertip with diminished grip strength. There is no documentation for continued surgical measures. There is, however, a current request for a continued passive motion machine for a 30 day rental beginning 10/23/13, continued use of Norco, a 30 day rental of a Thermo Cool compression therapy system, and prescription for Keflex. Also noted at the time of 10/04/13 assessment was potential need for revision procedure to the thumb. However, formal documentation of what was to be performed was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day rental of a continuous passive motion machine between 10/23/13 and 12/7/13:

Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates

Decision rationale: California MTUS guidelines are silent. When looking at Official Disability Guideline criteria, continued passive motion is recommended following rehabilitation following flexor tendon repair of the hand but in no other instance regarding the hand or the wrist. The records in this case do not indicate recent need for flexor tendon repair. The role of the above modality would not be indicated from the dates in question.

Norco 10/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use. Page(s): 76-80.

Decision rationale: MTUS guidelines would indicate the role of continued opioid management if there is documentation of functional improvement or ongoing benefit with the above modality. The records do not indicate significant functional improvement with continued use of narcotics. Given the claimant's underlying diagnosis of "stiffness, the continued role of short-acting analgesics in the absence of documented benefit would not be indicated at this chronic stage in the clinical course of care.

30 day rental of a Thermo Cool compression therapy system: Upheld

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

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

Decision rationale: MTUS guidelines are silent. When looking at Official Disability Guideline criteria, the role of Game Ready devices or any other form of combination therapy devices have yet to have been established as necessary per guideline criteria. The role of a Thermo Cool compression system, which provides both cryotherapy and compressive treatment, thus, would not be supported.

Keflex 500mg, #30: 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), Treatment in Worker's Comp, 18th Edition, 2013 Updates: infectious procedure

Decision rationale: MTUS guidelines are silent. When looking at Official Disability Guideline criteria, the role of Keflex or cephalosporin is recommended as first line treatment for cellulitis or other associated conditions. The records in this case at present do not indicate an infectious process for which use of antibiotics would be indicated at this chronic stage of care. The specific request would not be indicated.