

Case Number:	CM13-0062155		
Date Assigned:	12/30/2013	Date of Injury:	11/30/2011
Decision Date:	07/10/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/06/2013

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, has a subspecialty in Pain Management 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 is a 31-year-old male who was injured on 11/30/2011 while unloading some shipments out of a truck approximately 300 boxes fell over him, causing him to fall and land on his left arm and wrist. The patient states he is doing much better with a reported 95% perceived improvement with left wrist mobility, strength, and grip strength. In January 2012, the patient had surgery for fracture of the left wrist. On 03/27/2013, he underwent removal of painful retained hardware, left distal radius. He has completed physical therapy, which consisted of therapeutic exercises and ultrasound between 04/15/2013 through 05/24/2013. Diagnostic studies reviewed include MRI of the left wrist dated 12/23/2011 with no obvious abnormality noted. He also had an MRI of left forearm dated 12/23/2011 with the impression of magnetic susceptibility artifacts over the distal end of the radius, with no other obvious abnormality noted. Radiographic correlation is needed. A urine toxicology report dated 02/04/2013 showed a negative specimen result. A urine toxicology dated 05/13/2013 was negative. Follow up visit dated 03/25/2013 report the patient to be taking Tylenol #3, and pending surgery for the left wrist due to painful retained hardware. The progress report dated 04/01/2013 reports the patient to have some pain, taking Keflex and Norco. Progress notes dated 04/15/2013 reports the patient's pain at a 5/10. Therapeutic exercises, soft tissue mobilization, and CP with H-wave were tolerated well. The progress report dated 05/13/2013 documented the patient to state that his left wrist is better with no pain. Orthopedic examination dated 09/13/2013 documented the patient to decreased pain and feels better overall following the removal of hardware surgery. Phalen sign is negative. Finklestein test is negative. Tinel sign is negative. The patient is able to make a complete fist. All fingertips touch the distal palmar crease in both hands, with the thumbs touching the fifth metacarpal heel in the palm. There is normal sweating of the hands and both hands are equally callused.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTORIZED COLD THERAPY UNIT FOR PURCHASE: 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), Knee and Leg, Continuous-flow Cryotherapy; Forearm, Wrist, Hand-Cold Packs; Knee and Leg, Durable Medical Equipment; Forearm, Wrist, and Hand, Immobilization.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hand, Wrist and Forearm, Cold Packs AND Shoulder, Continuous-flow Cryotherapy.

Decision rationale: The ODG states that continuous flow Cryotherapy should be used for up to seven days post operatively to decrease pain, inflammation, swelling and narcotic usage. There would be no indication for the purchase of one of these units. Therefore, the requested motorized cold therapy unit purchased on 3/2/7/13 is not medically necessary.

TENS UNIT FOR PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain Page(s): 116-117.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that a TENS for postoperative pain is recommended for acute post-operative pain in the first 30 days post surgery. It appears to be most effective for mild to moderate Thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. In this case, the patient had hardware removal at the wrist and the TENS has not been shown to be as effective for this. In addition, rental of the machine is preferred over purchase during the 30-day trial period. Therefore, the requested purchase of a TENS unit on 3/27/2013 is not medically necessary.

ELECTRODES X18 PAIRS FOR PURCHASE: 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 TENS unit is not medically necessary, the 18 pairs of electrodes purchased on 3/27/2013 are not medically necessary.

HAND/WRIST HOME EXERCISE KIT FOR PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46, Postsurgical Treatment Guidelines Page(s): 12.

Decision rationale: Per the MTUS Guidelines, patients should be educated regarding post surgical precautions, home exercises, and self-management symptoms at the first postoperative visit. The guidelines further state that there is not a particular exercise regimen that is more preferred over another. The patient should have received instructions for a home exercise regimen during the initial treatment following surgery. For this reason, the request for a specific kit would not be necessary. Therefore, the requested hand/wrist home exercise kit purchased on 3/27/13 is not medically necessary.

AMERICAN IMEX X4 PAIR FOR PURCHASE: 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 TENS unit is not medically necessary, the four pairs of American Imex purchased on 3/27/2013 are not medically necessary.

ARM SLING PURCHASE: 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), Knee and Leg, Continuous-flow Cryotherapy; Forearm, Wrist, Hand-Cold Packs; Knee and Leg, Durable Medical Equipment; Forearm, Wrist, and Hand, Immobilization.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hand, wrist and Forearm, Immobilization.

Decision rationale: The patient is status post painful hardware removal. According to the ODG, immobilization appears to be overused as treatment. The ODG further states that there is evidence that mobilization at one week instead of three weeks alleviated pain in the short term without compromising long-term outcome. There is no indication provided in the records as to why the sling was a necessity. Therefore, the requested arm sling purchased on 3/27/13 is not medically necessary.