

<b>Case Number:</b>	CM13-0062766		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/28/2011
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Pediatric Rehabilitation Medicine, and is licensed to practice in Texas. 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 59-year-old female who reported an injury on 03/28/2011. The patient has had ongoing treatments for complaints of hand pain due to her work-related injury, and was seen most recently on 11/06/2013 for a follow-up due to the continued complaints of pain and use of pain medications. The patient described her pain as sharp, pins and needles, and stabbing. She further described the pain as constant with severity of symptoms rated as moderate to severe, which are aggravated by use. The patient stated associated symptoms include inability to complete a fist, weakness, numbness, and dropping things unexpectedly. On the orthopedic examination, the patient was noted to have hyperhidrosis noted in the right hand/wrist, with the inability to complete a full fist and painful range of motion. In 12/2011, the patient was diagnosed with reflex sympathetic dystrophy of the right hand. Plain view x-rays were previously taken of the wrist and hand, which noted that there was narrowing of the middle finger DIPJ noted on the lateral view, otherwise there were no significant suggestions of arthritis in other joints. Conclusions from Doppler studies performed on 10/19/2011 noted no venous thrombosis in the right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VECTOR 1 CONTINUOUS PASSIVE MOTION (CPM) FOR RIGHT HAND, 3 MONTHS RENTAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) TWC, ODG Treatment; Integrated Treatment/ Disability Duration Guidelines, Forearm, Wrist & Hand (Acute& Chronic), Continuous Passive Motion (CPM).

**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 and Hand Chapter, Continuous passive motion (CPM).

**Decision rationale:** According to Official Disability Guidelines, continuous passive motion is recommended and is widely employed in rehabilitation after flexor tendon repair in the hand. The patient was noted to have hyperhidrosis of the right hand and was unable to make a full first, as well as having painful range of motion. A previous review noted the patient had utilized a CPM earlier and it had been helpful. However, current documentation does not provide any information pertaining to the previous use of that equipment. It was noted that the patient had regressed after using the CPM (because it was not approved at that time). Therefore, it is unclear if the CPM provided her with substantial improvement in functional abilities. Without having any quantitative measurements regarding the previous use of the Vector 1 CPM, a 3 month rental for a Vector 1 CPM machine cannot be supported at this time. As such, the requested service is non-certified.