MAXIMUS Federal Services

Case Number:	CM14-0107227		
Date Assigned:	09/15/2014	Date of Injury:	01/25/2013
Decision Date:	10/23/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/10/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 injured worker is a 48-year-old female who reported an injury on 01/25/2013 cause by unspecified mechanism. The injured worker's treatment history included diagnostic studies, oral medications, splinting, hand therapy, and steroid injections. On 06/16/2014, the injured worker was evaluated. It was documented the injured worker complained of persistent right trigger thumb following 2 injections. Medications included Metformin, Victoza, Benazepril HCC, and Naprosyn. Surgical history included AIC pulley of the left thumb on 01/30/2014. Diagnosis included stenosing tenosynovitis bilaterally status postoperative on the left. Treatment plan included right trigger thumb release, Vicodin 5/500 mg #30 tablets 2 every 4 hours as needed for pain, Cephalosporin 250 mg #16 1 every 6 hours, and postoperative occupational therapy 2 times a week for 6 weeks and preoperative diagnostic studies as required by the facility or hospital.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Diagnostic Studies: 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) Low Back & Lumbar & Thoracic (Acute & Chronic) Preoperative Testing, General.

Decision rationale: According to the Official Disability Guidelines (ODG) recommends preoperative testing, general. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. The documents submitted for review failed to indicate objective findings of pseudarthrosis. In addition, there was no evidence that the L5-SI spondylolisthesis is progressive or unstable after prior fusion. Given the above, the request for pre-op medical clearance is not medically necessary.

12 Post-Operative Occupational Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): pages 10 & 22.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: The request for 12 post-operative occupational therapy sessions is not medically necessary. The California MTUS Postsurgical Rehabilitation Guidelines state that treatment post-surgically is 9 visits and the initial course of therapy is one half the number of visits specified in the general course of therapy. The guidelines also state that trigger finger postsurgical treatment is 9 visits over 8 weeks, treatment period of 4 months. Clinical documentation submitted for review indicates the injured worker has been treated with medications, splinting, hand therapy, injections, and has failed this conservative care. However, the request submitted failed to include the body part where the injured worker is requiring 12 postoperative occupation therapy sessions. As such, the request for 12 post-operative occupational therapy Sessions is not medically necessary.

1 Post-Operative Medications - (16 Tablets of Cephalosporin 250mg and 30 Tablets of Vicodin 5/500mg): 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, general

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases. Bone & joint infections; osteomyelitis. Acute.

Decision rationale: The request for 1 post-operative medications - (16 tablets of Cephalosporin 250mg and 30 tablets of Vicodin 5/500mg) is not medically necessary. The California MTUS Guidelines indicate that Vicodin is a short acting opioid used for intermittent or breakthrough pain. The clinical documentation indicated the injured worker would be taking medication postoperatively. According to the Official Disability Guidelines (ODG), Cephalosporin is a recommended antibiotic treatment in most cases that are handled empirically with the following recommendation of antibiotics: that cephalosporin is recommended for prolonged antibiotic therapy; and surgical debridement depending on severity. However, the provider failed to provide documented rationale for the necessity of an antibiotic postoperatively. Additionally, the request that was submitted failed to include frequency and duration of postoperative medications. As such, the request for 1 post-operative medications - (16 tablets of Cephalosporin 250mg and 30 tablets of Vicodin 5/500mg) is not medically necessary.