MAXIMUS Federal Services

| Case Number: | CM14-0125714 | | |
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| Date Assigned: | 08/11/2014 | Date of Injury: | 10/08/2012 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 07/11/2014 |
| Priority: | Standard | Application Received: | 08/07/2014 |

## 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 Orthopedic Surgery 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 injured worker is a 69-year-old female who reported an injury on 10/08/2012. The mechanism of injury was the injured worker was asked to chip ice with a spatula. The ice had developed in a large ice machine. The injured worker started hitting the spot on the side of the machine when suddenly her hand slipped and she sustained a bruise on her left hand dorsum and left thumb. The injured worker was noted to be approved for a left wrist tenosynovectomy with a carpal tunnel release. The prior diagnostic studies included an electromyography/nerve conduction velocity (EMG/NCV) and x-rays. The prior therapies included physical therapy. The documentation of 06/10/2014 revealed the injured worker was having continuing pain in the left upper extremity at night and had to shake her hands frequently in the middle of the night to decrease the pain and discomfort. The injured worker was dropping objects. The physical examination revealed a positive Tinel's over the left ulnar nerve with some mild intrinsic weakness of the left hand compared to the right hand. There was no decreased sensation of the ulnar nerve distribution when compared to the median nerve. The injured worker had a positive Tinel's, Durkan's, and Phalen's test on the left wrist. There were noted to be some adhesions, and the injured worker had difficulty making a full fist with the left hand. The diagnosis included left carpal tunnel entrapment, flexor tenosynovitis of the left wrist and hand, tendon adhesions of the left hand, and left ulnar neuropathy at the elbow as well as tardy ulnar nerve palsy and weakness of the intrinsic muscles of the left hand with radicular symptoms in the fourth and fifth digits of the left hand. The treatment plan included a left carpal tunnel release, a wrist brace, a smart glove, a micro cool machine, an IFC unit with supplies in the hopes of improving strength of the left upper extremity as the injured worker had marked weakness and was dropping things, postoperative physical therapy, a motorized compression pump and stocking to be utilized during the surgical procedure and postoperatively for 4 weeks to decrease the chance of phlebitis and

decrease the chance of pulmonary embolism as the injured worker was 68-years-old. Additionally, it was documented the injured worker would need postoperative medications, physiotherapy, acupuncture, and transportation to and from the medical clearance consultation. There was no Request for Authorization submitted for the requested services.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential (IFC) unit for a 5-month rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 06/10/2014), Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

**Decision rationale:** The California MTUS Guidelines do not recommend interferential current stimulation units as a standalone treatment. There was documentation indicating the injured worker would be utilizing postoperative physical therapy and was approved for the surgical intervention. However, there was a lack of documented rationale for the necessity for 5 months of use. There was a lack of documentation indicating the injured worker would be in therapy for 5 months. Given the above, and the lack of documentation of exceptional factors, the request for interferential (IFC) unit for 5-month rental is not medically necessary.

**Home Exercise Kit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation (ODG-TWC), Shoulder Procedure Summary (Updated 04/25/2014), Home Exercise Kits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Home Exercise.

**Decision rationale:** The Official Disability Guidelines recommend home exercise kits. However, the request as submitted failed to indicate the components for the home exercise kit as well as the body part to be treated with the home exercise kit. Given the above, the request for home exercise kit is not medically necessary. Additionally, there was a lack of documentation per the submitted request to indicate whether the exercise kit was for rental or purchase.

**Deep venous thrombosis (DVT) compression pump and stockings, 4-week rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation (ODG-TWC), Knee and Leg Procedure Summary (Updated 06/05/2014); Jt Comm J Qual Patient Saf. 2011 Apr; 37(4):178-83. Venous Thrombeembolism prophylaxis in surgical patients; identifying a patient group to maximize performance improvement. Weigelt JA, Lal A, Riska R. last updated 04/01/2011.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Venous Thrombosis, Compression Garments.

**Decision rationale:** The Official Disability Guidelines indicate that injured workers should be assessed for the risk for deep venous thrombosis prior to surgical intervention to support the necessity for a DVT compression device. Additionally, the Official Disability Guidelines indicate that compression garments are recommended, including stockings, to manage the prevention of edema and deep venous thrombosis. The documentation indicated the injured worker was 68 and thus the request was made for a DVT compression pump. Stockings are generally purchased, not rented. There was a lack of documentation indicating the injured worker had been assessed for a risk of DVT and there was a lack of documentation of exceptional factors. Given the above, the request for DVT compression pump and stockings, 4-week rental is not medically necessary.