MAXIMUS Federal Services

Case Number:	CM14-0150587		
Date Assigned:	09/18/2014	Date of Injury:	11/19/2012
Decision Date:	11/13/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/16/2014

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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 44-year-old individual who sustained an injury on 11/19/12 while lifting a heavy passenger. Prior treatments included medications, acupuncture and physical therapy treatments for the left upper extremity for a few months but did not help to improve the symptoms, use of left wrist brace and splint, and modified duties.Electromyography (EMG) dated 5/30/14 documented normal EMG with no evidence of left cervical radiculopathy or ulnar neuropathy. Testing limited by patient's needle phobia. Nerve conduction study (NCS) dated 5/30/14 documented normal NCS with no evidence of bilateral median, radial or ulnar neuropathy except by comparison to the uninvolved right arm and to normal values, the patient had mild slowing of ulnar conduction velocity across the left elbow and borderline slowing across the leftforearm. Amplitude was preserved, indicating a demyelinating process. X-rays of the left wrist and hand were normal. The patient was diagnosed with 1) status post retraction injury left upper extremity, 2) left cubital tunnel syndrome, 3) left carpal tunnel syndrome, and 4) left ulnar neuropathy Guyon's canal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit X 30 Days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Elbow (updated 05/15/14), Cold packs

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

Decision rationale: MTUS and ACOEM are silent on this treatment. According to ODG: Heat therapyRecommended. Recommend at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat therapy. (Hochberg, 2001) (Michlovitz, 2002) (Michlovitz, 2004) For arthritic hands, superficial moist heat and cryotherapy can be used as a palliative therapy. These conclusions are limited by methodological considerations such as the poor quality of trials. In addition, Cold packs. Recommend at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat packs. (Hochberg, 2001) (Bleakley, 2004) One study showed that the addition of pulsed electromagnetic field to ice therapy produces better overall treatment outcomes than ice alone. There is no evidence that cold packs are effective for more than 7 days. The request for 30 day is not medically necessary.

CPM (continuous passive motion) Device for Finger Movement X 30 Days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Forearm, Wrist, & Hand (updated 08/08/14), Continuous passive motion (CPM)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: No peer reviewed literature supports this treatment

Decision rationale: There is no peer reviewed literature that supports the use of a CPM machine following either ulnar nerve or median nerve decompression. Therefore the request is not medically necessary.

Zofran 4mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 07/10/14), Antiemetics (for opioid nausea)

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, antiemetics

Decision rationale: According to the ODG guidelines, Zofran is approved for the management of postoperative nausea. The records do not document prior problems with nausea following surgery. There is no information in the records that documents a need for an anti-emetic following surgery. Therefore the request is not medically necessary.