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| <b>Case Number:</b>   | CM14-0166906 |                              |            |
| <b>Date Assigned:</b> | 10/14/2014   | <b>Date of Injury:</b>       | 05/08/2013 |
| <b>Decision Date:</b> | 11/17/2014   | <b>UR Denial Date:</b>       | 09/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/09/2014 |

### 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 Minnesota. 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 58 year old male involved in a motor vehicle accident on 5/6/2013. His right wrist remained painful despite conservative treatment. He also sustained a low back injury. Because of persisting ulnar wrist pain a triangular fibrocartilage complex tear was suspected. The MRI scan showed a degenerative tear. He also had a lipoma of the right hand and deQuervain's tenosynovitis of the same wrist. On 6/16/2014 he underwent arthroscopy of the right wrist with debridement of synovitis. There was no TFCC tear but a partial tear of the lunotriquetral ligament was found, debrided and treated with thermal shrinkage. The lipoma was excised and deQuervain's release also performed. Post-operatively he started Occupational therapy for the hand because of stiffness and pain. On 9/9/2014 he was 10 weeks post-surgery. He was struggling with stiffness and additional therapy had been authorized. He was complaining of pain with weight bearing and had sensitivity of the fingertips. The disputed issues pertain to use of a hand continuous passive machine and [REDACTED] wrist hand finger orthosis. UR modified the request to [REDACTED] splint rental for 4 weeks and denied the hand CPM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rental of [REDACTED] [REDACTED] hand continuous passive motion (CPM) for 12 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Hand, Continuous Passive Motion

**Decision rationale:** MTUS does not address the hand continuous passive motion. ODG guidelines recommend CPM for rehab after flexor tendon repair. No other indications are listed. Based upon guidelines the request for rental of [REDACTED] hand continuous passive motion device for 12 weeks is not medically necessary.

**Purchase of a [REDACTED] WHFO:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand Chapter

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

**Decision rationale:** CA MTUS does not address this issue. ODG guidelines recommend static progressive stretch (SPS) therapy using mechanical devices for joint stiffness and contracture to be worn across the stiff joint and provide incremental tension in order to increase the range of motion. UR has approved [REDACTED] splint rental for 4 weeks. [REDACTED] splint systems provide stretch to the contracted joints and increase the range of motion. The request for [REDACTED] wrist hand finger orthosis is therefore not medically necessary.