

<b>Case Number:</b>	CM14-0173321		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	02/17/2012
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 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:

This case involves a 43 year old male injured worker with an industrial injury dated 02/17/12. Exam note 09/15/14 states the patient returns with hand pain. The patient explains that he has numbness, tingling, pain, and a burning sensation in the right fingers. The patient demonstrates a weakness in the right fourth and fifth fingers. Upon physical exam there is extension contracture of the wrist status post ganglion cyst excision. The patient demonstrated a flexion of 10', and 20' of palmar flexion of the right wrist. The right little finger reveals hypersensitivity to light touch sensation. There was evidence of tenderness along the ulnar nerve in its transposed region submuscular right elbow. The exam note dated 09/17/14 stated that the patient returns with pain and explains having difficulty performing daily living activities. Treatment includes an H-Wave device, a continuation of medication and a cold therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold Therapy Unit x30 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Procedure Summary

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cryotherapy for the elbow. According to Official Disability Guidelines (ODG), Elbow section, cryotherapy is not recommended. Cold packs are recommended for at home application during first few days and thereafter application of either heat or cold packs to suit patient. As the guidelines do not recommend cryotherapy for the elbow, this request is not medically necessary.

**CPM 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 Official Disability Guidelines, Shoulder Procedure Summary

**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, CPM

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of CPM for the hand. According to the Official Disability Guidelines (ODG), Forearm, Wrist and Hand, CPM, "Recommended. Controlled mobilization regimens are widely employed in rehabilitation after flexor tendon repair in the hand. One trial compared continuous passive motion (CPM) with controlled intermittent passive motion (CIPM) and found a significant difference in mean active motion favoring CPM." In this case, there is no evidence of flexor tendon injury or contractures from the exam note of 9/15/14 to warrant CPM. Therefore, this request is not medically necessary.

**Keflex 500mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Infectious Diseases Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bibliography Stulberg DL, Penrod MA, Blatny RA. Common Bacterial Skin Infections. Am Fam Physician. 2002 Jul 1;66(1):119-24.

**Decision rationale:** CA MTUS/ACOEM and Official Disability Guidelines (ODG) are silent on the issue of Keflex and alternative guideline was utilized. According to the American Family Physician Journal, 2002 July 1; 66 (1): 119-125, titled "Common Bacterial Skin Infections"; Keflex is often the drug of choice for skin wounds and skin infections. There is no evidence submitted of a wound infection to warrant antibiotic prophylaxis. Therefore, this request is not medically necessary.

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack in the records of 9/17/14 demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity. Therefore, this request is not medically necessary.

**Zofran 4mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of Zofran for postoperative use. According to the Official Disability Guidelines (ODG), Pain Chapter, Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, the submitted records demonstrate no evidence of nausea and vomiting or increased risk for postoperative issues. Therefore, this request is not medically necessary.