

Case Number:	CM14-0064478		
Date Assigned:	07/11/2014	Date of Injury:	09/15/2011
Decision Date:	10/23/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, 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 31-year-old female machine operator whose date of injury is 09/15/11 due to cumulative trauma. She complained of right wrist pain. After failing to respond to conservative measures, the injured worker underwent Right Carpal Tunnel Release on 12/15/12 followed by postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous Passive Motion machine 6-week rental and supplies, right wrist: 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, Forearm, Wrist, and Hand Chapter, Continuous Passive Motion

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, & Hand, Continuous Passive Motion (CPM)

Decision rationale: ODG Carpal tunnel syndrome chapter does not address continuous passive motion (CPM). The forearm, wrist, and hand chapter notes that CPM is recommended and is employed in rehabilitation after flexor tendon repair in the hand. The records only document that

the injured worker had Carpal Tunnel Release with no indication of flexor tendon repair. As such, medical necessity is not established for the Continuous Passive Motion machine 6-week rental and supplies, right wrist.