

<b>Case Number:</b>	CM14-0098814		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	02/16/2007
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Pennsylvania. 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 claimant is a 34 year old female who was injured in a work related accident on 02/16/07. The clinical records provided for review include a prior Utilization Review for which a left wrist fusion had been certified. There are currently requests for fourteen day perioperative use of a Game Ready Device, four post operative appoints with fluoroscopic assessment and a prescription for Cyclobenzaprine. There is no further indication of treatment, clinical records, physical examination findings or complaints noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride 7.5mg #60 No Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** Chronic Pain Guidelines do not support the postoperative use of Cyclobenzaprine. According to the Chronic Pain Guidelines, muscle relaxers can be indicated as a second line treatment for acute inflammatory processes. There would be no indication for the use of this medication in the immediate postoperative setting of a wrist fusion. This specific

request for Cyclobenzaprine in this individual's post operative course of care is not medically necessary.

**Post Operative Appointments times 4 with fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, 92, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** ACOEM Guidelines would not support four post operative appointments with fluoroscopic assessment. While initial post operative care could be provided, the number of sessions requested of four with use of fluoroscopic assessment would not be supported. Typically, plain film radiographs would be the standard form of imaging in the post operative setting of a fusion. Therefore, based on the number of sessions of follow up care requested and the request for use of fluoroscopy is not medically necessary.

**Game Ready Unit Rental times 14 days for the left 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, Carpal Tunnel Syndrome Chapter, Continuous cold therapy Official Disability Guidelines, Forearm, Wrist, & Hand Chapter, Cold Packs Official Disability Guidelines, Knee Chapter, Game Ready accelerated recovery system.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure -Game Ready accelerated recovery system.

**Decision rationale:** MTUS and ACOEM Guidelines do not address this equipment. When looking at the Official Disability Guidelines, a Game Ready Device for fourteen days would not be indicated. While combination therapy devices can be utilized for up to seven days, including home use, the request for fourteen days of use would exceed ODG Guideline criteria therefore the request is not medically necessary.