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| Case Number: | CM14-0204241 | | |
| Date Assigned: | 12/16/2014 | Date of Injury: | 05/22/2014 |
| Decision Date: | 02/09/2015 | UR Denial Date: | 11/06/2014 |
| Priority: | Standard | Application Received: | 12/05/2014 |

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 Physical Medicine Rehab, has a subspecialty in Interventional spine, 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 patient is a 65 year old female with an injury date of 05/22/14. The 11/04/14 progress report states the patient present with continued complaints of gripping and grasping with the left hand and wrist. The patient received authorization to undergo surgical intervention for left basilar joint arthritis. Examination reveals tenderness of the basilar joint with positive grind test. The patient's listed diagnosis is Left trapeziometacarpal arthritis. The patient has received prior right shoulder surgery, left knee surgery and left ankle surgeries x 2 (dates unknown). Listed medications from 09/23/14 to 11/14/14 include: Synthroid, Lipitor, and Celebrex. The utilization review dated 11/06/14 denied the request for a post-operative sling as it is unclear why immobilization of the whole left upper extremity is needed when the procedure is only directed to the thumb. The requested Surgi-stim purchase was denied as the device can deliver several forms of electrical stimulation and at least two of them, Galvanic and Neuromuscular, are not supported by MTUS. Reports were provided for review from 05/23/14 to 11/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance with CBC, CMP, CXR, EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter on Preoperative Testing, general.

Decision rationale: The patient presents with continued complaints of gripping and grasping with the left hand and wrist. Per 11/16/14 utilization review the patient is was authorized for resection arthroplasty of the left trapezium on 10/22/14. The current request is for pre-operative medical clearance with CBC, CMP, CXR, and EKG. The RFA is not included. The utilization review states the date of this request is dated 10/28/14. Utilization review modified this request to change CMP to BMP as the patient does not have a history of liver disease. The modified certification is pre-operative medical clearance with CBC, BMP and EKG. The MTUS and ACOEM Guidelines do not address this request. However, ODG under the Low Back Chapter on Preoperative Testing, general states, "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status." The 05/25/14 report lists the following under illnesses for this patient: Diabetic and Thyroidectomy. Given the patient's multiple medication use and medical issues, the requested labs appear medically reasonable. The request is medically necessary.

Post-operative physical therapy; twenty-four (24) visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-20, 11, 10.

Decision rationale: The patient presents with continued complaints of gripping and grasping with the left hand and wrist. Per 11/16/14 utilization review the patient is was authorized for resection arthroplasty of the left trapezium on 10/22/14. The current request is for post-operative physical therapy; twenty-four (24) visits. The RFA is not included. The utilization review states the date of this request is dated 10/28/14. Utilization review modified this request from 24 visits to 12 visits. The MTUS Post-Surgical Guidelines, Forearm, Wrist & Hand pages 18-20 states under Arthropathy, unspecified that for post-surgical treatment of arthroplasty/fusion, wrist finger 24 visits over 8 weeks are allowed. MTUS, Post-Surgical Treatment Guidelines, page 11 states, "If post-surgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." MTUS page 10 states, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery." In this case, the request is for the full course of therapy of the 24 visits authorized by MTUS without a trial of an initial course of therapy. Twelve visits have been certified, and MTUS states an initial course of therapy is one half of the number of visits specified in the general course of therapy. The 24

visits requested exceed what is recommended for an initial course of therapy by guidelines. The request is not medically necessary.

Post-operative sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 17-18.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Postoperative abduction pillow sling

Decision rationale: The patient presents with continued complaints of gripping and grasping with the left hand and wrist. Per 11/16/14 utilization review the patient is was authorized for resection arthroplasty of the left trapezium on 10/22/14. The current request is for post-operative sling. The RFA is not included. The utilization review states the date of this request is dated 10/28/14. ACOEM, MTUS and ODG do not discuss this request for the hand. ODG does provide some guidance in the Shoulder chapter; however, slings are not discussed the Forearm, Wrist, & Hand Chapter. The treater does not discuss this request in the reports provided. The reports provided do not clearly state the type of sling requested. Available guidelines discuss a sling for open repair of large and massive rotator cuff tears. In this case, lacking a clear statement of the request and support by guidelines, the request is not medically necessary.

Post-operative cryotherapy unit, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist, & Hand

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Continuous-flow cryotherapy.

Decision rationale: The patient presents with continued complaints of gripping and grasping with the left hand and wrist. Per 11/16/14 utilization review the patient is was authorized for resection arthroplasty of the left trapezium on 10/22/14. The current request is for post-operative cryotherapy unit, purchase. The RFA is not included. The utilization review state the date of this request is dated 10/28/14. ODG does not discuss cryotherapy units for the hand. ODG, Knee & Leg Chapter, Continuous-flow cryotherapy, states it is recommended as an option after surgery for up to 7 days including home use. In this case, guidelines support some uses of the requested unit for up to 7 days following surgery. The treater does not discuss this request in the reports provided and does not state the intended length of use. However, the request for purchase does not indicate the short term use of 7 days. Furthermore, guidelines do not state use is recommended for the hand. The request is not medically necessary.

Post-operative SurgiStim, purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The patient presents with continued complaints of gripping and grasping with the left hand and wrist. Per 11/16/14 utilization review the patient is authorized for resection arthroplasty of the left trapezium on 10/22/14. The current request is for post-operative SurgiStim purchase. The RFA is not included. The utilization review states the date of this request is dated 10/28/14. On line research shows that SurgiStim is a multi-modality interferential stimulator <http://www.vqorthocare.com/products/orthostim-4-surgistim-4/>. MTUS pages 118 to 120 states that Interferential Current Stimulation (ICS) are not recommended as an isolated intervention. MTUS further states, "While not recommended as an isolated intervention, patient selection criteria if interferential stimulation is to be used anyway." It may be appropriate if pain is not effectively controlled due to diminished effectiveness or side effects of medication; history of substance abuse, significant pain due to postoperative conditions; or the patient is unresponsive to conservative measures. A one month trial may be appropriate if the above criteria are met. The treater does not discuss this request in the reports provided. MTUS recommends ICS not as an isolated intervention if there is significant pain due to postoperative conditions. The patient is authorized for surgery; however, guidelines state a 1 month trial may be appropriate and the request is for purchase of the unit. The request is not medically necessary.