

Case Number:	CM14-0088929		
Date Assigned:	07/23/2014	Date of Injury:	03/09/2011
Decision Date:	12/14/2015	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44-year-old female who sustained an industrial injury on 3-9-2011 and has been treated for sprain of the scapholunate ligament without tear, probable degenerative cyst to the proximal pole of the scaphoid, and degenerative changes of the basal joint and first metacarpophalangeal joint which were diagnosed through MRI of the left wrist dated 3-7-2014. She also has diagnoses related to her shoulder, and left wrist carpal tunnel. On 3-4-2014 the injured worker was reporting 8 out of 10 pain and the physician observed that she had "painful grasp-thumb base pain." There is no other legible subjective or objective information presented. Documented treatment includes 8 sessions of biofeedback, 6 acupuncture treatments, 24 physical therapy sessions, patient education group therapy -12 sessions, and medication noted have included Norco and Naproxen. The notes do not specify which injuries the treatments and medication have been targeting, or response. The treating physician's plan of care includes a request submitted 5-16-2014 for a 30 day rental of a CPM machine for the finger; 30 day use of a cold therapy unit; and, rental of a fabricated custom splint. These were denied on 5-23-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM machine for finger x 30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Thien-Cochrane, 2004) (Gelberman, 2001) (Bunker, 1989) (Chan, 2002).

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), page 159.

Decision rationale: Review indicates the request for surgery has not been authorized thereby, the requested DMEs including the CPM for finger 30-day rental, Cold therapy unit x 30 day rental, and Fabricated custom splint were not medically indicated or necessary. There is no report of any surgery planned or authorized provided for review. MRI of the wrist on 3/7/14 showed sprain of the scapholunate ligament without tear with remaining intrinsic ligaments unremarkable; probable degenerative cyst and degenerative changes at first MCP joint. Although ODG does recommend CPM for post forearm/wrist/hand after tendon repair as studies have found that greater durations of daily passive-motion rehabilitation after flexor tendon repair leads to improved tendon gliding without greater risk of injury; however, there is no evidence of tendon repair surgery performed. Submitted reports have not demonstrated adequate support for the continuous passive motion unit for non-surgical treatment outside the recommendations of the guidelines. The CPM machine for finger x 30 day rental is not medically necessary and appropriate.

Cold therapy unit x 30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Hochberg, 2001) (Bleakley, 2004); See also Pulsed electromagnetic field.

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, Cold Packs, page 157.

Decision rationale: Review indicates the request for surgery has not been authorized thereby, the requested DMEs including the CPM for finger 30-day rental, Cold therapy unit x 30 day rental, and Fabricated custom splint were not medically indicated or necessary. There is no report of any surgery planned or authorized provided for review. MRI of the wrist on 3/7/14 showed sprain of the scapholunate ligament without tear with remaining intrinsic ligaments unremarkable; probable degenerative cyst and degenerative changes at first MCP joint. Regarding Cold therapy, guidelines state it is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The request for authorization does not provide supporting documentation beyond the guidelines criteria. There is no documentation that establishes medical necessity or that what is requested is medically reasonable outside recommendations of the guidelines. MTUS Guidelines is silent on specific use of cold compression therapy, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post

surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. The Cold therapy unit x 30 day rental is not medically necessary and appropriate.

Fabricated splint/custom splint: Upheld

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

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, Splints, page: 177-178.

Decision rationale: Review indicates the request for surgery has not been authorized thereby, the requested DMEs including the CPM for finger 30-day rental, Cold therapy unit x 30 day rental, and Fabricated custom splint were not medically indicated or necessary. There is no report of any surgery planned or authorized provided for review. MRI of the wrist on 3/7/14 showed sprain of the scapholunate ligament without tear with remaining intrinsic ligaments unremarkable; probable degenerative cyst and degenerative changes at first MCP joint. Treatment guidelines recommend as an option of thumb splint for diagnoses of DeQuervain's tenosynovitis to limit motion of inflamed structures and under ODG, noted indication for immobilization treatment of fractures. Submitted reports have not adequately demonstrated the medical necessity for treatment with the custom splint without any clearly documented clinical presentation or limitations to support for this DME. The Fabricated splint/custom splint is not medically necessary and appropriate.