

Case Number:	CM15-0007617		
Date Assigned:	01/26/2015	Date of Injury:	07/19/2013
Decision Date:	03/17/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/13/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of July 19, 2013. In a Utilization Review Report dated December 22, 2014, the claims administrator approved a preoperative clearance, denied a silicone sheet, approved an elbow sling, denied Polar Care cooling device, denied amoxicillin, and partially approved Zofran. The claims administrator referenced an earlier Utilization Review Report dated September 16, 2014 and a progress note of August 7, 2014 in its determination, along with an earlier note of April 10, 2014. The claims administrator stated that the applicant had received approval for a triangular fibrocartilage wrist arthroscopy debridement procedure. The applicant's attorney subsequently appealed. In an operative report dated January 15, 2015, the applicant underwent an operative arthroscopy, synovectomy, and debridement procedure to ameliorate a preoperative diagnosis of ulnar wrist joint inflammation. In a January 9, 2015 office visit, the applicant apparently received blood work as part of a preoperative evaluation. Electrodiagnostic testing of the left upper extremity dated January 6, 2015 was interpreted as negative. In a December 23, 2014 office visit, the applicant presented to obtain a preoperative evaluation at age 41. The applicant was severely obese, with a BMI of 41. The applicant did have issue with mild asthma and isolated seizures during childhood. The applicant denied any present issues with seizures and denied any issues with known diabetes. A fingerstick was notable for a blood sugar of 202, however. Further laboratory testing to include a CBC, hemoglobin A1c, and urinalysis was endorsed. It was stated

that the applicant might be a new-onset diabetic and/or an individual with suboptimally controlled hypertension with a blood pressure 140/102 noted at this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amoxicillin 875 Mg, #20: 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 Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, Hand, Wrist, and Forearm Chapter, Carpal Tunnel Syndrome section: Pre-incisional Antibiotics are recommended for consideration for patients with risk factors undergoing carpal tunnel release. Thresholds for use in other patients should be generally low. Indication-patients with risk factors (e.g., diabetes mellitus, susceptibility to infections) who are undergoing carpal tunnel release surgery. Institutions may also mandate use through policies.

Decision rationale: Yes, the request for amoxicillin was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of perioperative antibiotic usage. However, the Third Edition ACOEM Guidelines note that pre-incisional antibiotics are recommended for consideration for applicants with risk factors undergoing carpal tunnel release, and, in particular, those individuals with diabetes mellitus and/or other systemic disease processes which lend themselves toward heightened susceptibility toward infections. Here, the applicant underwent an arthroscopic wrist triangular fibrocartilage debridement surgery. The applicant was apparently a newly-diagnosed diabetic, it was noted on a preoperative evaluation, referenced above. While ACOEM does not espouse a particular position on an optimum duration of perioperative antibiotic prophylaxis, in this case, provision of some antibiotics was likely preferable than provision of no antibiotics, given the applicants newly-diagnosed, suboptimally controlled diabetes. Therefore, the request was medically necessary.

Zofran 8mg #20: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Ondansetron Medication Guide: Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery.

Decision rationale: Similarly, the request for Zofran was likewise medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the

Food and Drug Administration (FDA) notes that ondansetron or Zofran can be employed to prevent nausea and vomiting associated with cancer chemotherapy, radiation therapy, and/or surgery. Here, the request for ondansetron represented a request for perioperative/postoperative usage of Zofran following the triangular fibrocartilage repair surgery of January 15, 2015. This was an appropriate indication for usage of Zofran, per the FDA. Therefore, the request was medically necessary.

Polar Care X 21 Days: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation their Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, Hand, Wrist, and Forearm Chapter, Postoperative Rehabilitation section: Cryotherapy is recommended for postoperative rehabilitation for carpal tunnel release patients. A cooling blanket is recommended during postoperative rehabilitation. The evidence is in favor of a cooling blanket versus ice therapy and, therefore, a cooling blanket is recommended during postoperative rehabilitation.

Decision rationale: The request for a Polar Care cryotherapy device/cooling blanket x21 days was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Hand, Wrist, and Forearm Chapter does acknowledge that a cooling blanket is recommended during postoperative rehabilitation following hand, wrist, and/or forearm surgery, as transpired here and also notes that cryotherapy is recommended as a part of postoperative rehabilitation following carpal tunnel release surgery, essentially analogous to the triangular fibrocartilage debridement surgery which transpired here. While ACOEM does not espouse a particular duration of continuous flow cryotherapy postoperatively following hand, wrist, and forearm surgery, provision of some cryotherapy was/is preferable to provision of no cryotherapy postoperatively. Therefore, the request was medically necessary.

Rejuveness 1 Silicone Sheet: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: Finally, the Rejuveness one silicone sheet was not medically necessary, medically appropriate, or indicated here. The request in question was not clearly described or characterized by the attending provider but appeared to represent a request for a custom moulded silicone device postoperatively. However, the MTUS Guideline in ACOEM Chapter 11, page

270 notes that splinting the wrist beyond 48 hours following carpal tunnel release surgery may be largely detrimental, especially compared to a home therapy program. Usage of the Rejuveness silicone sheet postoperatively, thus, was not indicated here, per ACOEM. Therefore, the request was not medically necessary. While this was, strictly speaking, a postoperative/perioperative request as opposed to an acute injury, MTUS 9792.23.b2 stipulates that the Postsurgical Treatment Guidelines in Section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since ACOEM Chapter 11, page 270 did address the request at hand, it was therefore invoked.