MAXIMUS Federal Services

Case Number:	CM15-0138369		
Date Assigned:	07/28/2015	Date of Injury:	05/22/2011
Decision Date:	09/24/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/16/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 54 year old female patient who sustained an industrial injury on 05/22/2011. The injured worker is employed as a sales associate who encountered cumulative trauma with repetitive use of the right arm resulting in injury. She reports sharp pain in the right elbow, thumb along with the thumb freezing. Current medications are: Tramadol, Topiramate, and Pantoprazole. An orthopedic follow up dated 03/09/2015 reported the patient with subjective complaint of having bilateral upper extremity pain. She also complains of being depressed. Objective findings showed bilateral abnormal results for Phalen's, Tinel's, and Durkan carpal tunnel tests. Radiographic findings done on 02/05/2015 showed a magnetic resonance imaging study of right wrist with several small well delineated cysts in the body of the capitate, also base second metacarpal; the right elbow shoed signal change on contour change of extensor tendon origins, consistent with prior lateral procedure. The assessment found the patient with bilateral upper extremity pain, likely nonspecific myalgia; right lateral epicondylitis, improved post-surgery; possible right De Quervain's tenosynovitis, post 3 injections, and symptom of depression, not evaluated. There is recommendation to administer a re-peat dorsal compartment injection assessing overall contribution of right pain complex. She is also to follow up with her primary care physician regarding symptom of depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative sling for the 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).

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 (Acute & Chronic): Early mobilization (after tendon repair).

Decision rationale: Post-operative sling for the right wrist is not medically necessary per the ODG. The MTUS Guidelines do not address this request. The ODG states that early mobilization (after tendon repair) is recommended. The ODG states that early mobilization is safe and effective method of managing the healing flexor tendon following tendon repair therefore the request for a post-operative right wrist sling is not medically necessary.

Polar care x 21 day rental for the right wrist: 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): 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand: Cold packs; Shoulder- Continuous-flow cryotherapy; Knee and Leg- Continuous-flow cryotherapy.

Decision rationale: Polar care x 21 day rental for right wrist is not medically necessary per the MTUS and the ODG Guidelines. Both the MTUS and the ODG Forearm, Wrist and Hand chapters state that cold packs are recommended. The guidelines support at-home local applications of cold packs first few days of acute complaints. The MTUS and ODG do not address motorized cryotherapy post hand surgery. The ODG recommends postoperative continuous flow cryotherapy up to 7 post op days post knee and shoulder surgery. The documentation does not reveal extenuating circumstances that necessitate this unit post hand surgery for 21 days. There is no support in the guidelines and do documentation that necessitates a specialized cryotherapy unit over an at home local ice pack. For these reasons the request for a 21 day rental of Polar Care is not medically necessary.