

Case Number:	CM15-0035818		
Date Assigned:	03/04/2015	Date of Injury:	02/12/2013
Decision Date:	04/15/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/25/2015

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: 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:

This 37-year-old female reported a work-related injury on 02/12/2013. According to the progress notes dated 1/19/15, the injured worker (IW) reports bilateral wrist pain with weakness in grip and pinch strength. The Injured Worker was diagnosed with bilateral wrist tenosynovitis, bilateral carpal tunnel and cubital tunnel syndrome and right thumb and index finger triggering. Previous treatments include medications, cortisone injections, chiropractic care and acupuncture. The treating provider requests pre-operative medical clearance and continuous cold therapy unit purchase. The Utilization Review on 01/27/2015 non-certified the request for pre-operative medical clearance and modified the request for a continuous cold therapy unit to allow a seven-day rental, citing CA MTUS and Official Disability Guidelines (ODG) recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance evaluation: 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) Low Back, Preoperative Lab Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Preoperative lab testing.

Decision rationale: Based on the 1/19/15 progress report provided by the treating physician, this patient presents with pain in bilateral thumbs/De Quervain's with wrist pain/weakness in grasp/pinch strength. The treater has asked for PRE-OPERATIVE MEDICAL CLEARANCE EVALUATION but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient also has developed a cyst in her right wrist, which later developed into triggering of her right thumb/index finger in April of 2013 per 5/22/14 report. The patient had unspecified number of chiropractic and acupuncture treatments, which gave "minimal benefit" in reducing wrist/hand pain, but triggering of thumb/index finger was resolved per 5/22/14 report. The patient was recommended cortisone injections for de Quervain's release, but if it did not help, then a de Quervain's release surgery was being recommended per 5/22/14 report. The patient, however, declined the cortisone injections per 5/22/14 report. The patient is wearing wrist braces per 5/22/14 report. The patient's work status is not included in the provided documentation. While ODG Forearm, Wrist and Hand chapter does not discuss Preoperative lab testing, The Low Back - Lumbar & Thoracic Chapter has the following: "Recommended as indicated below. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in preoperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Criteria for Preoperative lab testing: Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change preoperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant preoperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants." In regards to the requested preoperative blood labs, presumably to identify potential risk factors for planned de Quervain's release surgery, the patient's clinical history and surgical procedure do not warrant such a study. Laboratory studies are useful to mitigate risk in patients with comorbidities - such as diabetes, electrolyte imbalance, or anemia - however, this patient is an otherwise healthy 37 year old female who is scheduled for a low-risk de Quervain's release surgery. Progress note dated 1/19/15 does not provide significant physical findings, state that this patient suffers from any other conditions, or document that he is currently taking anti-coagulants or other medications which would necessitate blood labs. Therefore, the request IS NOT medically necessary.

Continuous cold therapy unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 595. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Continuous Cold Therapy (CCT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter, section on Continuous-flow cryotherapyknee chapter, section on Continuous-flow cryotherapy.

Decision rationale: Based on the 1/19/15 progress report provided by the treating physician, this patient presents with pain in bilateral thumbs/De Quervain's with wrist pain/weakness in grasp/pinch strength. The treater has asked for CONTINUOUS COLD THERAPY UNIT PURCHASE but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient also has developed a cyst in her right wrist, which later developed into triggering of her right thumb/index finger in April of 2013 per 5/22/14 report. The patient had unspecified number of chiropractic and acupuncture treatments, which gave "minimal benefit" in reducing wrist/hand pain, but triggering of thumb/index finger was resolved per 5/22/14 report. The patient was recommended cortisone injections for de Quervain's release, but if it did not help, then a de Quervain's release surgery was being recommended per 5/22/14 report. The patient, however, declined the cortisone injections per 5/22/14 report. The patient is wearing wrist braces per 5/22/14 report. The patient's work status is not included in the provided documentation. There is no discussion in ODG regarding cold compression for the wrists. Regarding cold compression units for the shoulder, ODG states: "Recommended as an option after surgery, but not for nonsurgical treatment. See Continuous-flow cryotherapy. The Game Ready system combines Continuous-flow cryotherapy with the use of vaso-compression. While there are studies on Continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. However, in a recent yet-to-be-published RCT, patients treated with compressive cryotherapy after ACL reconstruction had better pain relief and less dependence on narcotic use than patients treated with cryotherapy alone. (Waterman, 2011)." Regarding cold compression units for the knee, ODG states: Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use". Regarding cold packs, ODG wrist chapter states: "Recommended. Recommend at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat packs. (Hochberg, 2001) (Bleakley, 2004) One study showed that the addition of pulsed electromagnetic field to ice therapy produces better overall treatment outcomes than ice alone. See also Pulsed electromagnetic field." In this case, the patient has chronic wrist/hand pain and is indicated for an upcoming de Quervain's release. ODG recommends the application of cold packs for the first few days of acute complaints of wrist pain. ODG also recommends cold compression therapy units for the shoulder as an option after surgery. The length of use for cold compression therapy units for the shoulder is not stated in ODG, but in the knee chapter, cold compression units are recommended for "up to 7 days" of use. The request for a purchase of a cold compression unit appears excessive and is not in accordance with ODG guidelines. The request IS NOT medically necessary.

