

Case Number:	CM13-0068243		
Date Assigned:	01/03/2014	Date of Injury:	10/03/2008
Decision Date:	05/29/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/19/2013

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 Orthopedic Surgery 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 injured worker is a 58 year-old male who reported an injury on 10/03/2008 and the mechanism of injury was moving rocks. The injured worker continued to have chronic pain in his left hand and wrist. The clinical note from 11/08/2013 indicated that the injured worker had complaints of cramping in both hands when laying down, weakness/numbness of the left hand, pain in the left wrist and thumb and soreness of the left basal joint. The physician noted that the examination was exactly the same as when we first recommended surgery. The recommendation was for a left carpal tunnel release, release ulnar of left Guyon's canal, anchor reconstruction left basal joint first metacarpal-second metacarpal with Mytek anchor device and K-wire fixation first to second metacarpal. The post-operative treatment included a cold therapy unit for thirty (30) days, CPM fingers for thirty (30) days, custom splint and Norco 10/325mg one tablet by mouth every 4 hours as needed for pain #90. The physician for use noted the current request after the surgery. The current request is for a cold therapy unit for thirty (30) days, CPM fingers for thirty (30) days, custom splint and Norco 10/325mg one tablet by mouth every 4 hours as needed for pain #90 with one refill was dated 10/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT FOR THIRTY (30) DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Syndrome Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Continuous cold therapy (CCT).

Decision rationale: The Official Disability Guidelines (ODG) recommend continuous cold therapy (CCT) as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use. The current request for cold therapy unit for thirty (30) days exceeds the guidelines recommendation of no more than seven (7) days. Therefore, the request for cold therapy unit for thirty (30) days is not medically necessary.

CPM FINGERS FOR THIRTY (30) DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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).

Decision rationale: The Official Disability Guidelines state continuous passive motion (CPM) is recommended. However, controlled mobilization regimens are widely employed in rehabilitation after flexor tendon repair in the hand. The patient has not been recommended to undergo flexor tendon repair for which this device is supported for. Therefore, the request for the cpm fingers for thirty (30) days is not medically necessary.

CUSTOM SPLINT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The California MTUS/ACOEM guidelines indicate that two prospective randomized studies show no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. The guidelines do not support postoperative splinting after carpal tunnel release. Therefore, the request for custom splint is not medically necessary.

NORCO 10-325MG, ONE TABLET PO Q4-4HOURS PM PAIN #90, ONE REFILL:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SHORT-ACTING/LONG-ACTING OPIOIDS Page(s): 75.

Decision rationale: The California MTUS guidelines indicate that Norco is appropriate for postoperative pain control. However, long-term use is supported only when there is clear documentation of pain relief and if there was functional improvement. Therefore, given the patient's response to this medication has not been determined to support the necessity of refills at this time. Therefore, the request for Norco 10-325mg, one tablet po q4-4hours pm pain #90, one refill is not medically necessary.