

Case Number:	CM14-0114721		
Date Assigned:	09/16/2014	Date of Injury:	05/01/2010
Decision Date:	10/07/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Family Practice 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 52 year old female claimant who sustained a work injury on 5/1/10 involving the hands. She was diagnosed with carpal tunnel syndrome and underwent left carpal tunnel release. She had developed contractures of the hand after the surgery and underwent manipulation under anesthesia. She had also developed chronic regional pain syndrome and underwent a stellate ganglion block of the left upper extremity. Post-operative she had undergone therapy and progressive static splinting. A subsequent request was made for a purchase of a vector 1 hand CPM.

IMR ISSUES, DECISIONS AND RATIONALES

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

VECTOR 1 HAND CPM PURCHASE: Upheld

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: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Vector 1 is a programmable continuous passive motion device. According to the ODG guidelines, a CPM device is recommended and widely employed in rehabilitation after flexor tendon repair in the hand. One trial compared continuous passive motion (CPM) with

controlled intermittent passive motion (CIPM) and found a significant difference in mean active motion favoring CPM. However, in this case, there was no indication of a flexor tendon repair. In addition, the guidelines recommend a fading frequency for therapy. Short-term or rental use initially may be appropriate in some cases. There is no indication for long-term use. The purchase of a CPM device is not medically necessary.