

Case Number:	CM14-0218331		
Date Assigned:	01/08/2015	Date of Injury:	02/12/2014
Decision Date:	03/09/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Orthopedic Surgery, Sports 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:

This injured worker is a 50 year old male who reported injury on 2/12/14 from a slip and fall resulting in pain in the neck, right shoulder, right arm, right hand, knee and upper and lower back. He now has a dull, constant cervical radicular pain with intermittent sharpness and stabbing radiating down the right arm with numbness and tingling in the right arm and pinky finger and right wrist pain. The pain intensity was 8/10. The pain was worse with left and right movement and neck flexion. It was improved with physical therapy. On 2/13/14 he underwent open reduction internal fixation (ORIF) of the right humerus. The injured worker has diagnoses to include right wrist tear, ligament tears, ulnar positive variance; status post ORIF with contracture right shoulder; left shoulder compensatory strain; tennis elbow right elbow; cervical strain; multi-level disc herniation and degenerative disc disease cervical spine; low back pain with degenerative disc disease with osteophytes; right knee medial and lateral meniscus tears; right heel pain; headaches; posttraumatic stress disorder; severe anxiety and depression. He had several radiographs and MRI's done corresponding to areas of pain including cervical MRI (7/19/14) and lumbar MRI (9/10/14) and results support diagnoses. Past medical treatment consist of physical therapy, acupuncture, injections and medications. Medications include diclofenac, omeprazole, Tramadol, Nucynta, nortriptyline, Prazosin and cyclobenzaprine. On 11/07/2014, the injured worker complained of cervical pain. He rated the pain at 8/10, and described it as dull and constant. The injured worker stated that he felt stabbing pain going down his right arm with numbness and tingling in the right pinky. The pain was made worse when he looked both up and right, as well as with neck flexion. The injured worker stated to have

improvement of pain with physical therapy. Physical examination revealed a decreased range of motion of cervical flexion to 10 degrees and extension to less than 5 degrees. Manual muscle testing revealed that biceps were 4/5 on the right and 5/5 on the left. There was tenderness to palpation along the C4, C5, and C6 with radiation down to his right arm from spinous process palpation, as well as paraspinal tenderness along C4, C5, and C6 bilaterally. Medical treatment plan is for the injured worker to continue with physical therapy to include physical therapy to the right shoulder. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy 3x6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-19.

Decision rationale: The request for postoperative physical therapy is not medically necessary. The California MTUS Guidelines state that postop therapy for the arm, wrist, and hand, are recommended after surgery and amputation. During immobilization, there was weak evidence of improved hand function in short term, but not in long term, for early occupational therapy, and of a lack of differences in outcome between supervised and unsupervised exercise. There was weak evidence of a short term benefit of continuous passive motion, intermittent pneumatic compression, and ultrasound. The guidelines recommend postsurgical treatment to be over 6 months, with a total of 20 visits. Postsurgical physical medicine should not exceed 8 months. It was indicated in the submitted documentation that the injured worker underwent open reduction and internal fixation of the right humerus on 02/13/2014. However, the submitted documentation indicates that the injured worker has participated in physical therapy. It is unclear how many sessions the injured worker has completed to date, and what extremity. Furthermore, the request as submitted did not specify an extremity for the postop physical therapy. Given the above, the request would not be indicated. As such, the request is not medically necessary.

Vascutherm for cold therapy with SCORE and DVT prophylaxis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Continuous-flow cryotherapy.

Decision rationale: The request for Vascutherm for cold therapy with SCORE and DVT prophylaxis is not medically necessary. The Official Disability Guidelines recommend

continuous cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However the effect on more frequently treated acute injuries has not been fully evaluated. It was indicated in the submitted documentation that the injured worker underwent open reduction and internal fixation of the right arm. However, the request as submitted did not specify a frequency of duration for the use of the unit. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.