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| Case Number: | CM15-0011678 | | |
| Date Assigned: | 01/29/2015 | Date of Injury: | 09/10/2013 |
| Decision Date: | 03/18/2015 | UR Denial Date: | 01/06/2015 |
| Priority: | Standard | Application Received: | 01/20/2015 |

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: Preventive Medicine, Occupational 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 50 year old man sustained an industrial injury on 9/10/2013. The mechanism of injury was not detailed. Current diagnoses include left hand, wrist and forearm blunt trauma/crush injury, left distal radius complex fracture, left ulnar neuropathy, left median nerve neuropathy, left carpal tunnel syndrome, left wrist extensor tenosynovitis, left ulnar neuropathy, and left finger laceration. Treatment has included oral medications, activity modification, occupational therapy, night splints, home exercise program, and surgical intervention. Physician notes dated 12/10/2014 show complaints of pain to the backside of the left wrist, inability to twist the left wrist and forearm, limited strength to the left arm, and dropping objects from the left hand. A request for surgery is included at the end of the notes along with all the associated services and rationale. On 12/30/2014, Utilization Review evaluated a prescription for CPM device for left finger for 30 days, that was submitted on 1/15/2015. The UR physician noted medical necessity is not supported for a CPM machine. Rather, a study was noted as showing controlled mobilization regimens are widely employed in rehabilitation after floor tendon repair and a significant difference was noted in active motion versus CPM. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM device for the left finger for 30 days: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carpal Tunnel; Forearm Wrist and Hand

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue and recommend post operative CMP when there is flexor tendon repair performed. The tenosynovectomy that is requested concurrent to nerve release is generally not considered repair in the sense that flexor tendon is repaired to regain strength due to transverse damage. The carpal tunnel Guidelines do not may any recommendation for post operative CPM use even if a tenosynovectomy is performed. The same issues would apply to a nerve decompression at Guyons canal. Under these circumstances, the request for the post operative CPM device left fingers is not consistent with Guidelines and is not medically necessary.