

Case Number:	CM15-0118857		
Date Assigned:	06/24/2015	Date of Injury:	05/20/2009
Decision Date:	07/23/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/19/2015

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:

The injured worker is a 39 year old female, who sustained an industrial injury on 05/20/2009. On provider visit dated 05/18/2015 the injured worker has reported for postoperative evaluation. The injured worker underwent a left ring finger A1 pulley release and excision on a tendon sheath cyst in the left ring finger 01/23/2015. She stated that she is unable to fully extend at the PIP joint. Ganglion cyst on right ring finger is starting to bother her and is starting to lock in flexion as well. On examination of the right hand has a nicely healed scar, no tenderness to palpation and range of motion been noted as unremarkable. Right ring finger revealed palpable tender nodule at the possible digital crease. There was positive locking noted with maneuvers of extension and flexion of the right ring finger. The diagnoses have included trigger finger and ganglion cyst of tendon sheath. Treatment to date has included medication: Levothyroxine Sodium, Norco, Keflex, Tramadol, Ibuprofen, Gabapentin, and Iron. The provider noted that the injured worker will have to undergo excision of the tendon sheath cyst of the right ring finger. The provider requested post-op physical therapy 2x 4 for the right ring finger, Norco and Keflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 2 x week x 4 weeks for right ring finger: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21-22.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient is s/p bilateral CTR in August 2011 and January 2012; Trigger finger releases in January of 2012 and 2013 with recent left ring finger excision of tendon cyst and pulley release on 1/23/15 now pending authorization for the right side. Review indicates the patient has received at least 14 OT visits and 44 PT sessions. Request for post-op PT for 8 sessions was modified for 6 visits. Surgery plan is pending authorization. The Post-surgical treatment guidelines for trigger release surgery allow for 9 visits over 2 months with postsurgical physical medicine treatment period of 4 months. There is no recommended therapy for ganglion cyst excision. It does not appear the patient has completed the 6 post-op therapy sessions from current request to assess for functional improvement if any beyond the recommended surgical guidelines for initial therapy without demonstrated functional improvement. The Post-op physical therapy 2 x week x 4 weeks for right ring finger is not medically necessary and appropriate.

Norco 5mg-325mg #40: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show the patient with progression of pain and clinical findings with plan for surgical repair. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is indication for short course of Norco #40 so the patient is able to have functional benefit post acute surgical procedure planned. The Norco 5mg-325mg #40 is medically necessary and appropriate.

Keflex 500mg capsule #12: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious diseases, Cephalexin (Keflex).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Prophylaxis (antibiotic & anticoagulant) page 260.

Decision rationale: It appears the request of Keflex 500 mg capsule #12 (500 mg QID or Q6 hours) is for a one-time chemoprophylaxis course treatment in the post-operative period for planned right ring finger trigger release and ganglion cyst excision as routine precaution to avoid postoperative infection. There is documented comorbidities identified with history of Diabetes to deem the patient immunocompromised for routine precaution with use of antibiotics. A short course of antibiotic to prevent an infection with 3 days treatment is medically indicated and submitted reports have demonstrated indication to support for 3 days antibiotic course as standard treatment criteria. Per ODG, for patients undergoing elective total hip arthroplasty, use, timing of administration, and duration of antibiotics after surgery do not affect the incidence of surgical site infection. The patient has planned knee arthroscopy without noted infectious complications. The Keflex 500mg capsule #12 is medically necessary and appropriate.