

Case Number:	CM15-0119683		
Date Assigned:	07/07/2015	Date of Injury:	08/02/2013
Decision Date:	10/15/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/22/2015

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: Orthopedic Surgery

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 49 year old female who sustained an industrial injury on 08/02/2013. Current diagnoses include left thumb near complete lateral dislocation/subluxation, left thumb xs ligament tears-intercarpal & volar ligament tear & partial tear dorsal radial ligament, left de Quervain's disease, status post left thumb reconstruction on 03/13/2015, left thumb complete dislocation/subluxation CMC-1 joint status post thumb joint reconstruction, and left carpal bone erosion. Previous treatments included medications, occupational therapy, hand/wrist support, and left thumb surgery on 03/13/2015. Previous diagnostic studies include left thumb MRI dated 08/16/2013, bilateral hand x-rays dated 03/04/2015, left thumb x-rays dated 05/27/2015. Report dated 05/28/2015 noted that the injured worker presented with complaints that included stiffness, soreness, and dislocation of the left thumb, numbness of the base of the left thumb/wrist area, and limited range of motion of the left thumb. Physical examination was positive for major proximal dislocation/subluxation of the left thumb at the CMC-1 joint, almost no movement of the CMC-1 joint, severe pain at the left basal joint, and positive slight neurapraxia dorsal sensory branch of the radial nerve left side. The treatment plan included requests for arthroplasty, interposition CMC joint, carpectomy single bone, FCR tendon graft and mytek anchoring, capsulorrhaphy, tendon transfer, synov, K-wire fixation x 2, injection and anesthetic peripheral nerve/BR application short arm splint, and associated surgical services. Disputed treatments include preoperative history and physical (medical clearance) with labs to include CBC (complete blood count) and BMP (basic metabolic profile), cold pneumatic compression therapy unit, 21-30 day rental, cephalexin (Keflex) 500mg #30 with no refills, one tablet by mouth for seven days, ondansetron ODT (Zofran) 4mg #30 with one refill, one tablet by mouth

daily, Tylenol #4 #90 with one refill, one tablet by mouth every 4 to 6 hours as needed for pain, wound care cream, unspecified, CPM device for finger movement, 30 day rental, DVT device for the right an lower extremity only, and purchase of a electrical stim interferential therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative history and physical (medical clearance): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC) updated 8/22/2014, preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery; who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 49 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore the request is not medically necessary.

Cold pneumatic compression therapy unit, 21-30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand Procedure Summary Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy for the hand. According to ODG, Forearm, Wrist and Hand, cryotherapy is not recommended. Cold packs are recommended for at home application during first few days and thereafter application of heat. As the guidelines do not recommend cryotherapy for the hand, the determination is for non-certification and therefore is not medically necessary.

Cephalexin (Keflex) 500mg #30 with no refills, one tablet by mouth for seven 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 (ODG), Infectious Diseases Procedure Summary and Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bibliography Stulberg DL, Penrod MA, Blatny RA. Common bacterial skin infections. Am FamPhysician. 2002 Jul 1;66(1):119-24.

Decision rationale: CA MTUS/ACOEM and ODG are silent on the issue of Keflex. And alternative guideline was utilized. According to the American Family Physician Journal, 2002 July 1; 66 (1): 119-125, titled "Common Bacterial Skin Infections", Keflex is often the drug of choice for skin wounds and skin infections. It was found from a review of the medical record submitted of no evidence of a wound infection to warrant antibiotic prophylaxis. The request for Keflex is therefore not medically necessary and appropriate.

Ondansetron ODT (Zofran) 4mg #30 with one refill, one tablet by mouth daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary and Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous thrombosis.

Decision rationale: CA MTUS/ACOEM is silent on the issue of venous duplex. According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." In this case the exam notes from 5/28/15 do not justify a prior history or current risk of deep vein thrombosis to justify venous thromboembolic prophylaxis. Therefore the determination is for non-certification and therefore is not medically necessary.

Tylenol #4 #90 with one refill, one tablet by mouth every 4 to 6 hours as needed for pain:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: CA MTUS, Chronic Pain Treatment guidelines, under criteria for use of opioids page 76-78 states, states use of opioids should be part of a treatment plan that is tailored to the patient. MTUS pgs 60, 61 goes on to state "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this the request for Tylenol #3 as a post operative medication is medically necessary and recommended. However, it is unclear why such a large quantity of Tylenol no. 4 is required in this case. There is no evidence in the records of May 28, 2015 to support 90 tablets of Tylenol no. 4. Therefore determination is for non-certification. Therefore, the requested treatment is not medically necessary.

Wound care cream, unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Scar Management: Prevention and Treatment Strategies, Chen MA, Davidson.

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 and Hand Chapter.

Decision rationale: CA MTUS/ACOEM and are silent on wound care cream. Per the ODG, Forearm, Wrist and Hand Chapter, wound dressings are appropriate for chronic wounds. The clinical documentation submitted for review failed to provide a rationale for the requested Wound Care Cream. Additionally, there was a lack of documentation indicating the frequency and rationale why it is required. There was a lack of documentation indicating the quantity and the specific wound care cream being requested. Given the above and the lack of documentation, the request for Wound Care Cream is not medically necessary.

Associated Surgical Service: CPM device for finger movement, 30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand Procedure Summary Online Version and Blue Cross of California Medical Policy # DME 00019.

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 and Hand, CPM.

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM for the hand and fingers. Per the ODG, Forearm, Wrist and Hand, CPM is "Recommended. Controlled mobilization regimens are 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." Per the records provided this patient does not have evidence of a flexor tendon repair or anticipated flexor tendon repair to warrant CPM. Therefore the request for Continuous Passive Motion is not medically necessary and appropriate for this patient to use post operatively.

Associated Surgical Service: DVT device for the right an lower extremity only: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Procedure Summary Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous thrombosis.

Decision rationale: CA MTUS/ACOEM is silent on the issue of venous duplex. According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." In this case the exam notes do not justify a prior history or current risk of deep vein thrombosis to justify venous thromboembolic prophylaxis. Therefore the determination is for non-certification. Therefore, the requested treatment is not medically necessary.

Associated Surgical Service: Purchase of a electrical Stim Interferential therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: Regarding the Interferential Current Stimulation (ICS), the California MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation, pages 118-119 state, "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues." As there is insufficient medical evidence regarding use in this clinical scenario of hand surgery, the determination is for non-certification.