

Case Number:	CM13-0022709		
Date Assigned:	11/13/2013	Date of Injury:	04/16/2012
Decision Date:	08/11/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/10/2013

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 Orthopedic Surgery 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:

This is a 66-year-old male claimant who fell while working as a truck driver on April 16, 2012. The medical records provided for review document that the claimant underwent open reduction internal fixation of a distal radius fracture on April 16, 2012 followed by left shoulder arthroscopic superior labral repair and subacromial decompression and excision of coracoid ligament on September 16, 2013. The documentation indicates that the claimant has more than twenty-five working diagnoses; the most pertinent orthopedic/musculoskeletal diagnosis include: Sprain/strain of the cervical spine, cervical spondylosis with degenerative disc disease, sprain/strain of the thoracic spine, thoracic spine spondylosis, chronic compression fractures of T10 and T11, spondylolisthesis of T12, sprain/strain of the lumbar spine, multilevel lumbar disc protrusion with spinal canal and neural foraminal narrowing, lumbar spondylosis, chronic L2 compression fracture, chronic superior and inferior pubic rami fracture on the left, left shoulder supraspinatus tendinosis, SLAP lesion of the left shoulder, degenerative joint disease of the left shoulder, delayed union of distal radius of the left upper extremity, nonunion of the ulnar styloid of the left forearm, degenerative joint disease of the left wrist, flexion contracture deformity second through the fifth digits of the left hand, and bilateral carpal tunnel syndrome. The report of the July 17, 2014 office visit noted complaints of neck pain radiating to the thoracic spine and shoulders associated with headaches and sleep interruption, worsened by lifting more than 5 pounds and stress, upper back pain radiating to the lumbar spine associated with sleep interruption worsened by lifting over 5 pounds, low back pain, pelvic pain, left wrist and hand pain associated with numbness, depression, loss of appetite, sexual dysfunction, anxiety, difficulty falling asleep, and new onset of hypertension. Examination of the right shoulder, showed tenderness over the acromioclavicular joint and rotator cuff with an equivocal drop arm and Hawkin's tests. Examination of the left shoulder revealed winging of the left scapula and

range of motion showed 150 degrees of flexion, 20 degrees of extension, 150 degrees of abduction, 20 degrees of adduction, and 60 degrees of internal and external rotation. Documentation suggests the claimant underwent occupational therapy in 2012 and has received narcotics and an interferential IV unit transcutaneous electrotherapy along with paraffin bath and recommended to continue home exercises. The current request is for a paraffin bath unit for pain of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

PARAFFIN BATH UNIT FOR PAIN OF THE LEFT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG FOREARM, WRIST, AND HAND PARAFFIN WAX BATHS.

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 - Paraffin wax baths.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines support the use of paraffin wax baths as an option for arthritic hands if used as an adjunctive program with evidence based conservative care. Paraffin baths combined with exercises can be recommended for beneficial short term effects of arthritic hands. The records document that the claimant is more than two years post surgical intervention and has been using paraffin baths for some time. There is no documentation supporting that the claimant's subjective complaints or quantifiable objective findings have improved with the use of paraffin wax baths. In addition, Official Disability Guidelines support them for short term usage in arthritis hands. The claimant does not fit into this classification. Therefore, based on the documentation presented for review and in accordance with Official Disability Guidelines, the request for Paraffin Baths for the Left Hand is not medically necessary.

CONTINUE USE IF 4 UNIT FOR PAIN OF THE NECK/ BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION Page(s): 118-120.

Decision rationale: In regards to the second request for the continued use of an interferential IV unit for pain of the neck/back, there is a lack of recent documented subjective complaints or abnormal physical exam objective findings establishing the medical necessity of the requested procedure. The Chronic Pain Guidelines do not recommend interferential current stimulation as an isolated intervention. There is currently no documentation to suggest the claimant is undergoing concurrent interventions in an effort to relieve subjective complaints and abnormal

physical examination objective findings. There is also a lack of documentation that the claimant has failed traditional first line conservative treatment options such as antiinflammatories, formal physical therapy, activity modification, or injection therapy prior to considering less traditional methods for neck and back pain. There is a lack of documentation supporting increased functional improvement, less reported pain, and evidence of medication reduction following previous use of the interferential unit. Therefore, based on the documentation presented for review and in accordance with California MTUS Chronic Pain Guidelines, the request for the continued use of the Four Unit Interferential Treatment is not medically necessary.