

<b>Case Number:</b>	CM13-0026294		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/05/2009
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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:

The patient is a 37-year-old female who reported an injury on 03/05/2009. The mechanism of injury was not submitted. The patient complained of pain to the bilateral wrists with radiating pain to the fingers and elbows. The clinical documentation stated the patient had limited cervical range of motion, paresthasias in the left hand, positive Spurling's test, positive Tinel's at the elbow, positive Tinel's at the wrist and positive Phalen's on the left. The patient was diagnosed with carpal tunnel syndrome bilaterally, tenosynovitis of the hands and wrists, de Quervain's tenosynovitis bilaterally and myofascial pain syndrome. The patient has been treated with physical therapy, acupuncture, paraffin treatments and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for acupuncture sessions 2 times a week for 6 weeks, bilateral wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** CA MTUS Acupuncture Medical Treatment guidelines do recommend acupuncture. The guidelines state time to produce functional improvement of 3-6 sessions with the frequency of 1-3 times per week with optimum duration of 1-2 months. The clinical

documentation submitted for reviews states that the patient has had 14 sessions of acupuncture in the past. Although, the patient stated that acupuncture gave pain relief more so than physical therapy, the request exceeds the guideline recommendations. As such, the request is non-certified.

**Request for physical therapy sessions 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines on Chronic Pain Medical Treatment Guidelines, Section Physical Medicine Page(s): 98-99.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment guidelines recommend physical therapy and allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise. The guidelines stated for myalgia and myositis, unspecified: 9-10 visits over 8 weeks; neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; and reflex sympathetic dystrophy: 24 visits over 16 weeks. The clinical documentation submitted for review states the patient had 27 session of physical therapy. However, no objective clinical data was submitted to indicate functional improvement or functional deficits. As such, the request is non-certified.

**Request for paraffin wax refills for paraffin wax machine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

**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 & Hand, Paraffin wax baths.

**Decision rationale:** CA MTUS/ACOEM does not address the request. ODG guidelines recommended paraffin wax as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). The clinical documentation submitted for review makes no indication that the patient has arthritis. Also, there is no documentation on how often the patient is using the paraffin treatments. As such, the request is non-certified.