

<b>Case Number:</b>	CM13-0027688		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 28-year-old female who reported an injury on 02/01/2011 due to cumulative trauma while performing normal job duties that ultimately resulted in carpal tunnel release. The patient underwent an MRI status post-surgery intervention that revealed subchondral cysts in the carpals and a small DRUJ effusion. The patient also underwent an electrodiagnostic study that did not reveal any abnormal findings. The patient's most recent clinical evaluation revealed tenderness over the right wrist joint, full range of motion with complaints of pain in all planes, a negative Tinel's sign and Finkelstein's test. The patient's diagnoses included status post carpal tunnel release, right wrist, with acute exacerbation of symptoms secondary to fibrosis; a fusion and subchondral cyst of the right wrist; insomnia secondary to pain. The patient's treatment plan included use of a paraffin bath, ultrasound, and therapeutic exercises with physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for a trial of trigger point injections to the right wrist (0.5 m Kenalog + 0.5 ml Lidocaine 1%):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Hand Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Trigger Point Injections Page(s): 122.

**Decision rationale:** The requested trial of trigger point injections to the right wrist is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has an acute exacerbation of symptoms related to the previously diagnosed carpal tunnel syndrome. California Medical Treatment Utilization Schedule recommends trigger point injections for myopathic pain supported by palpable trigger point spasms. The clinical documentation submitted for review does not provide any evidence of palpable trigger point spasms sites that would benefit from a trigger point injection. The patient's pain is not myofascial in nature, according to the submitted documentation. Therefore, a trial of trigger point injections to the right wrist would not be medically necessary or appropriate.

**Request for paraffin bath unit (purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Hand Chapter

**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 Chapter, Durable Medical Equipment (DME)

**Decision rationale:** The requested paraffin bath unit for purchase would not be medically necessary or appropriate. Official Disability Guidelines recommend that durable medical equipment be provided on a rental basis. The clinical documentation submitted for review provides evidence that the patient already underwent a trial of a paraffin bath unit that provided no significant benefit. Therefore, the purchase of a paraffin bath unit would not be indicated. As such, the requested paraffin bath unit is not medically necessary or appropriate.