

<b>Case Number:</b>	CM13-0029010		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/23/2011
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 Physical Medicine and Rehabilitation and has a subspecialty in Pain Management 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 female patient with a date of injury of August 23, 2011. A utilization review determination dated September 9, 2013 recommends non certification of paraffin bath and electrical stimulation therapy. Non certification of electrical stimulation therapy was recommended due to lack of objective functional treatment goals and no specific description of what electrical stimulation modality was being requested. Non certification of paraffin wax bath is due to lack of documentation describing evidence of arthritis in the hands and no indication that the paraffin wax bath was to be used in conjunction with an active rehabilitation program. A progress report dated August 1, 2013 identifies subjective complaints including intermittent hand pain with numbness on the right hand. The note indicates that the pain is improving. Additionally, shoulder pain, forearm pain, and wrist pain are reported. Objective examination findings revealed nonspecific tenderness to the right shoulder as well as tenderness to palpation over the supraspinatus, infraspinatus, and upper trapezius. Range of motion is within normal limits. Elbow and wrist range of motion are within normal limits as well with some tenderness to palpation. Cervical spine examination identifies positive foraminal compression test and shoulder depressor test. Diagnoses include right wrist sprain, carpal tunnel syndrome, right shoulder strain, and right lateral epicondylitis. The treatment plan recommends electrical stimulation therapy on the right shoulder and or right wrist 2 times per week for 4 weeks and paraffin bath therapy on the right hand and wrist 2 times per week for 4 weeks. An MRI of the right hand dated February 14, 2013 identifies a ganglion cyst at the dorsal aspect of the trapezium and trapezoid and no other gross abnormalities. An x-ray of the right wrist dated November 30, 2013 states "negative radiographic examination of the wrist."

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **PARAFFIN BATH TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE RIGHT HAND/WRIST: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Expert Reviewer's decision rationale: Regarding the request for paraffin bath, California MTUS does not address the issue. ODG cites that paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). Within the documentation available for review, there is no documentation of arthritic hands and adjunctive treatment with exercise. In the absence of the above documentation, the currently requested paraffin wax bath is not medically necessary.

### **ELECTRICAL STIMULATION THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS TO THE RIGHT SHOULDER/RIGHT WRIST: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule: Shoulder Complaints, Forearm, Wrist, and Hand Complaints; Chronic Pain Medical Treatment Guidelines, Electrical Stimulators (E-STIM).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 8 C.C.R. 9792-20-9792-26 MTUS (EFFECTIVE JULY 18,2009).

**Decision rationale:** Regarding the request for "electrical stimulation therapy", Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines support the use of transcutaneous electrotherapy in certain situations. Other electrical modalities are not supported such as micro-current electrical stimulation and neuromuscular electrical stimulation. Within the documentation available for review, there is no description as to what electrical stimulation modality is being requested. Additionally, if TENS is being requested, there is no indication that the patient has undergone a tens unit trial, statement indicating what objective treatment goals would be pursued with a tens unit trial, and no statement indicating that the patient is participating in an adjunctive program of functional restoration. In the absence of clarity regarding those issues, the currently requested "electrical stimulation therapy" is not medically necessary.

