

Case Number:	CM13-0062775		
Date Assigned:	04/02/2014	Date of Injury:	08/21/2007
Decision Date:	04/30/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/09/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 53-year-old female with a date of injury of 08/21/2007 and 04/20/2012. Per the report dated 10/17/2013, this patient presents with neck, bilateral wrists, hand, and shoulder pains due to cumulative trauma. Treatment history is that in March of 2012, she was seen by [REDACTED] where she received 3 out of 9 sessions of physical therapy without much help and the risk was casted by an orthopedic specialist. The casting did not help either, and she was treated with some medications. Then on July 2012, wrist surgery was performed. Following that, she received 2 months of physical therapy and returned to work. When she returned to work, her symptoms became worse. In July 2013, the patient was treated with additional physical therapy which "did not help." The patient is presenting that pain level was at 7/10 with chief complaints involving bilateral wrists, hand, neck, right arm, anxiety, depression, and insomnia. Listed diagnoses were postop right wrist; right carpal tunnel syndrome (CTS), right tenosynovitis with the wrist, cervical brachial syndrome, cervical myalgia and myositis, probable posttraumatic anxiety and depression, and insomnia. For treatment recommendations, spinal manipulation, electronic muscle stimulation, myofascial release, paraffin wax, work conditioning, and referral to orthopedist were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

PARAFFIN BATH 2 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG GUIDELINES, PARRAFIN WAX BATH, FOREARM, WRIST & HAND.

Decision rationale: his patient presents with neck and bilateral upper extremity pains from repetitive trauma. This is a request for paraffin bath 2 times a week for 6 weeks. ODG Guidelines states that this is recommended as an option for arthritic pain in hands if used as an adjunct to a program of evidence-based conservative care such as exercise. In this case, there is no evidence of arthritis of the hand that would benefit from paraffin wax. There is also no discussion on the treating physician's report that the paraffin wax is to be used in conjunction with exercise program. Orthopedic report was reviewed from 03/14/2013, and the listed diagnoses were bilateral hand pain, carpal tunnel syndrome, and bilateral de Quervain's tenosynovitis. There is no mention of arthritis of the hands. Given the lack of diagnosis of arthritis for which paraffin wax is indicated, recommendation is for denial.

MYOFASCIAL RELEASE TIMES 8 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN SECTION Page(s): 60.

Decision rationale: This patient presents with bilateral upper extremity and neck pain. This is a request for myofascial release. Myofascial release is similar to massage therapy, and for massage therapy, MTUS Guidelines recommend initial trial of 4 to 6 sessions. It states, "Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatments, that is, exercise and should be limited to 4 to 6 weeks in most cases". Given that the current request is more than 6 sessions, and the treating physician does not mention that, it is an adjunct to exercise, recommendation is for denial.

ELECTRONIC MUSCLE STIMULATION 2 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NEUROMUSCULAR ELECTRICAL STIMULATION Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NEUROMUSCULAR ELECTRICAL STIMULATION (NMES DEVICES) Page(s): 121.

Decision rationale: his patient presents with chronic neck and upper extremity pains. This is a request for electronic muscle stimulation. MTUS Guidelines do not recommend use of neuromuscular stimulation for chronic pain. It is recommended for stroke patients only. This patient presents with chronic pain and recommendation is for denial.

WORK CONDITIONING 2 TIMES A WEEK FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING WORK HARDENING Page(s): 125-126.

Decision rationale: This patient presents with chronic neck and upper extremity pain. This is a request for work conditioning program 2 times a week for 6 weeks. MTUS Guidelines page 125 lists a number of criteria for admission to a work hardening program including functional capacity evaluation that may be required showing consistent results with maximum effort, after treatments with an adequate trial of physical or occupational therapy with improvement followed by a plateau but not likely to benefit from continued physical therapy or occupational therapy, physical and medical recovery is sufficient to allow her progressive reactivation and participation for a minimum of 4 hours a day for 3 to 5 days a week, etc. In this patient, there is no evidence that the patient has had adequate improvement following physical therapy, occupational therapy, or plateau. Review of the reports show that the patient had 2 months of physical therapy in July 2012 and another 6 sessions in July of 2013 which have not helped. There is no evidence in the progress reports that there has been a progress with conservative care, and there is no evidence of functional capacity evaluation to determine whether or not the patient have provided maximum effort, demonstrating capacities below an Employer Verified Physical Demands Analysis. Recommendation is denial.

CHIROPRACTIC MANIPULATION TIMES 8 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN SECTION Page(s): 58, 59.

Decision rationale: This patient presents with chronic neck and upper extremity pains. This is a request for upper chiropractic manipulation, for 8 visits. MTUS Guidelines allow 3 to 6 trial sessions of chiropractic visits for chronic neck and low back conditions. In this case, the request is for 8 visits which exceed what is allowed for initial trial of chiropractic treatments for this type of condition. Reviews of the reports do not show the patient has had chiropractic treatments and no documentation of benefit from prior chiropractic treatments. Therefore, 6 sessions of initial trial may be appropriate, but the request exceeds what is allowed for initial trial per MTUS Guidelines. Recommendation is for denial.

X-RAYS, UNSPECIFIED BODY PART DOS: 10/17/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: This patient presents with chronic neck and upper extremity pains. This is a request for a set of x-rays but there is no specification of the body part. X-rays were obtained apparently on 10/17/2013. Two hundred and eight pages of reports do not include this report or any progress report describing what x-rays are being requested. I did not see an RFA describing the request either. Without understanding what x-rays are to be obtained, this request cannot be considered. Review of the reports show that on 03/14/2013, an orthopedist mentions x-rays that were obtained previously, and they would appear that x-rays were already obtained, although the body part is not identified. It is the responsibility of the treating physician to keep track of all the information and monitor patient's progress per MTUS Guidelines, page 8 and make appropriate recommendations. Given the lack of the unspecified body part for x-rays, recommendation is for denial.