

Case Number:	CM13-0067912		
Date Assigned:	03/03/2014	Date of Injury:	06/24/2011
Decision Date:	05/26/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/18/2013

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 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 46 year old female who was injured on 06/24/2011 while she was working in receiving in [REDACTED]. After stocking new items for hours, she developed right hand pain which went all the way up to her chest, but primarily elbow to hand with numbness and tingling. Prior treatment history has included the patient undergoing carpal tunnel release on 01/24/2012. She had failed conservative treatment including physical therapy. She had one stellate ganglion block. Her medications include: Nexium, Ranitidine, Metformin, Glipizide, Insulin, and Lisinopril, Prevastatin, Elvail, Gabapentin, Tramadol. Progress note dated 09/27/2013 documented the patient to have complaints of pain in her right arm consisting of throbbing pain, aching, electricity and pins and needles sensation. Her pain is decreased by medication. Objective findings on exam included musculoskeletal exam revealing a steady gait. Her skin was warm and dry. She is alert and oriented x 3 and follows commands. She is pleasant, cooperative and her speech is regular and clear. There is no change in physical examination from previous examination on 09/13/2013. Impression: Complex regional pain syndrome, right upper extremity with new symptoms of CRPS on the left upper extremity. She is status post right carpal tunnel release. Insomnia due to pain. She has non-industrial gastroesophageal reflux disease. Plan: Increase Fantanyl patch. Request authorization for a course of physical therapy for bilateral upper extremities, 2 sessions per week. Request authorization for a 30 day trial of the H-Wave unit. Authorization for a paraffin bath for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE BILATERAL UPPER EXTREMITIES (2 TIMES PER WEEK FOR 4 WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, physical medicine is recommended as a modality of treatment that is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. The medical records document the patient is diagnosed with CRPS, right upper extremity with new symptoms of CRPS on the left upper extremity. In the absence of documented the number, duration and frequency of the prior PT, the request is not medically necessary and appropriate according to the guidelines.

RENTAL OF A HOME H-WAVE UNIT (30 DAY TRIAL) FOR THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H -Wave Stimulation (HWT) Page(s): 117-118.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain. The medical records document the patient is diagnosed with CRPS, right upper extremity with new symptoms of CRPS on the left upper extremity. In the absence of documented active engagement in other rehabilitative programs, further, there is no documentation of diabetic neuropathy, the request is not medically necessary according to the guidelines.

PARAFFIN BATH FOR HOME USE FOR THE BILATERAL UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pubmed.Gov Efficacy Of Paraffin Bath Therapy In Hand Osteoarthritis: A Single-Blinded Randomized Controlled Trial.

Decision rationale: PubMed.gov article, Efficacy of paraffin bath therapy in hand osteoarthritis, paraffin bath therapy is effective both in reducing pain and tenderness and maintaining muscle

strength in hand osteoarthritis. It may be regarded as a beneficial short-term therapy option, which is effective for a 12-week period. The medical records document the patient is diagnosed with CRPS, right upper extremity with new symptoms of CRPS on the left upper extremity. In the absence of documented osteoarthritis in the upper extremities, the request is not medically necessary according to the guidelines.