

Case Number:	CM13-0069807		
Date Assigned:	01/03/2014	Date of Injury:	08/27/2004
Decision Date:	04/25/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/23/2013

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 Family Practice and is licensed to practice in 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 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 41-year-old female who reported an injury on 08/27/2004. The patient was reportedly injured secondary to repetitive work duties. The patient is currently diagnosed with carpal tunnel syndrome, lesion of the ulnar nerve, and fibromyalgia/myositis. The patient was seen by [REDACTED] on 09/25/2013. The patient reported 9/10 pain. The patient reported 60% improvement with current medication regimen. Physical examination on that date revealed tenderness at bilateral elbows, positive Tinel's testing bilaterally, tenderness in the cervical paravertebral region and bilateral trapezius muscles, positive Spurling's maneuver, and pitting edema in bilateral lower extremities. Treatment recommendations at that time included aquatic therapy, supplies for a TENS unit, and supplies for a paraffin bath.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPLACEMENT SUPPLIES FOR TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 117-121.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a non-invasive conservative option. As per the documentation submitted, the patient has continuously utilized a TENS unit. However, there is no documentation of consistent improvement in pain or function with previous use of the TENS unit. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

AQUATIC THERAPY (12 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. As per the documentation submitted, the patient's physical examination only revealed tenderness to palpation with positive Tinel's testing. There is no documentation of a significant musculoskeletal or neurological deficit. There is also no indication that this patient requires reduced weight-bearing as opposed to land-based physical therapy. While it is noted that the patient is overweight and prefers pool therapy as opposed to land-based physical therapy, there is no documentation of extreme obesity. Additionally, California MTUS Guidelines state physical medicine treatment for myalgia and myositis includes 9 visits to 10 visits over 8 weeks. Therefore, the current request for 12 aquatic therapy sessions exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

SUPPLIES FOR A PARAFFIN BATH: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand Chapter, Paraffin Wax Bath.

Decision rationale: Official Disability Guidelines state paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence based conservative care. As per the documentation submitted, the patient has utilized a paraffin wax bath unit. There is no documentation of objective functional improvement as a result of the ongoing use of this device. The patient does not maintain a diagnosis of arthritis. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.