

Case Number:	CM13-0071292		
Date Assigned:	01/08/2014	Date of Injury:	07/01/2010
Decision Date:	04/28/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/27/2013

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 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 61-year-old female who reported an injury on 07/01/2010 due to cumulative trauma while performing normal job duties. The patient reportedly sustained an injury to her neck, left shoulder, bilateral wrists, and left thumb. The patient's treatment history included surgical intervention for the left shoulder, chiropractic care, acupuncture, physical therapy, an interferential unit, paraffin bath, and multiple medications. The patient's most recent clinical evaluation documented the patient had been using the interferential 4 unit since 09/2013 at night, which provided relief of symptoms of the back. However, the patient reported that her condition was worsening. Physical findings included tenderness to palpation of the left rotator cuff, tenderness to palpation of the bilateral wrists with a positive Tinel's and Phalen's sign, and a positive Finkelstein's sign on the left and occasional numbness of the hands. The patient's diagnoses included neck pain, chronic back pain, rotator cuff tear of the left shoulder, carpal tunnel syndrome, and tenosynovitis of the left thumb. The patient's treatment plan included an MRI of the right shoulder, continuation of use of the paraffin bath unit at home for pain symptoms of the wrist, continuation of use of the interferential 4 unit at home for pain symptoms of the neck and left shoulder, and instruction in a home exercise program for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

A PARAFFIN WAX BATH: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule recommends passive modalities in conjunction with active therapy to assist in symptom resolution. The clinical documentation submitted for review does indicate that this wax bath is for use in symptom control related to wrist pain. The clinical documentation indicates that the patient has been prescribed this therapy since at least 03/2012. However, the clinical documentation does not provide any evidence that the patient is participating in any type of active therapy, such as a home exercise program, that would benefit from the addition of this passive modality. Additionally, as it appears this patient has been using this treatment modality for an extended period of time, there should be documentation of functional improvement and pain relief to support continued use. The clinical documentation submitted for review does not provide any efficacy to support continued use. As such, the requested Paraffin Wax bath is not medically necessary or appropriate.

AN INTERFERENTIAL UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

Decision rationale: California Medical Treatment Utilization Schedule recommends an interferential unit when pain is ineffectively controlled by medications, and the patient has been unresponsive to conservative treatments to include a TENS unit. It is noted that the patient has been using this treatment modality since at least 09/2013. The clinical documentation does indicate that the patient receives pain relief with the use of this interferential stimulation unit. However, California Medical Treatment Utilization Schedule recommends this as an adjunct therapy to an active restoration program. The clinical documentation does not provide any evidence that the patient has participated in a home exercise program that would benefit from the addition of this type of treatment. Additionally, there is no documentation of functional improvement or medication reduction as a result of the use of this treatment modality. Therefore, continued use would not be supported. As such, the requested interferential (IF) unit is not medically necessary or appropriate.