MAXIMUS Federal Services

Case Number:	CM14-0106451		
Date Assigned:	07/30/2014	Date of Injury:	03/17/2014
Decision Date:	12/26/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/09/2014

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 Occupational Medicine, 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 applicant is a represented [redacted] employee who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of March 17, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; earlier shoulder surgery, and earlier cervical spine surgery. In a Utilization Review Report dated June 30, 2014, the claims administrator denied a request for eight sessions of physiotherapy and denied a paraffin treatment machine. The claims administrator stated that the articles at issue were sought via a June 23, 2014 progress note. Despite the fact that this did not appear to be a chronic pain case, the MTUS Chronic Pain Medical Treatment Guidelines were nevertheless invoked.The applicant underwent a functional capacity evaluation on July 23, 2014. In a handwritten note dated July 9, 2014, the applicant reported ongoing complaints of hand pain and headaches. Naprosyn and Flexeril were endorsed. It was stated that CT imaging of the hand and wrist demonstrated minimal arthritic changes of multiple digits. The applicant was having difficulty with gripping and grasping activities, it was stated. The applicant was placed off of work, on total temporary disability. In an earlier note dated June 11, 2014, the applicant was described as having ongoing complaints of wrist pain and hand pain, throbbing, and 5-8/10. The applicant exhibited diminished grip strength. The applicant is pending a CT scan. It was stated that the applicant was still within the acute phase of the claim. A large portion of the documentation comprised of pre-printed checkboxes, with little narrative commentary. The applicant was apparently using tramadol, Naprosyn, and Flexeril, it was acknowledged. The applicant did receive physical therapy on handwritten progress notes of June 12, 2014 and June 17, 2014, it was noted. Other handwritten progress notes dated May 20, 2014, May 22, 2014, May 27, 2014, and June 6, 2014 were also appreciated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physiotherapy X8 Visits-Right Wrist/Hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 48, 264.

Decision rationale: The applicant had already had prior treatment (at least eight sessions) up through the date of the request for authorization, June 23, 2014, i.e., seemingly well in excess of the "initial follow-up visit" recommended in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-4, page 264 for education, counseling, and evaluation of home exercise purposes. ACOEM Chapter 3, page 48, further qualifies this recommendation by noting that it is incumbent upon a prescribing provider to furnish a prescription for therapy which "clearly states treatment goals." Here, however, the attending provider's handwritten progress notes and pre-printed checkboxes do not clearly state or outline treatment goals. It was not stated why additional treatment was/is being sought in the face of the applicant's seemingly poor response to early treatment. The applicant remains off of work, on total temporary disability, despite having had at least eight prior sessions of physical therapy. The applicant continues to report difficulty performing activities of daily living such as gripping, grasping, and handling. The applicant remains dependent on opioid agents such as tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior physical therapy treatment. Therefore, the request for additional physical therapy is not medically necessary.

Paraffin TX Machine: Upheld

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

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

Decision rationale: The paraffin device at issue represents a means of delivering heat therapy. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 271 notes that at-home applications of heat or cold packs are deemed "optional" in the evaluation and management of forearm, wrist, and/or hand complaints. By implication, ACOEM does not support high-tech devices for delivering heat therapy, such as the paraffin treatment machine at issue. ACOEM Chapter 11, Table 11-7, page 271 further notes that passive modalities such as the paraffin device at issue are deemed "not recommended." In this case, the attending provider did not furnish any compelling applicant-specific rationale or narrative commentary which would offset the unfavorable ACOEM positions on the article at issue. The sparse commentary and pre-printed checkboxes did not furnish much support for the device in question. It was not stated

how the proposed paraffin treatment machine would advance the applicant's activity level. Therefore, the request is not medically necessary.