

Case Number:	CM14-0107459		
Date Assigned:	08/01/2014	Date of Injury:	04/20/2013
Decision Date:	09/17/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 43-year-old male with a reported date of injury of 04/20/2013. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include status post-concussion syndrome with cephalgia and transient forgetfulness, status post contusion to the left side of the forehead with concussion syndrome, status post suture laceration wound to the right wrist with paresthesias, rule out carpal tunnel syndrome, tendinitis digits 3, 4, and 5 to the right hand, status post right upper extremity neuropathy secondary to laceration/suturing at the wrist, and depression and anxiety. His previous treatments were noted to include physical therapy, chiropractic treatment, and medications. The progress note dated 02/03/2014 revealed the injured worker was working and self-modified his duties, avoiding heavy lifting and repetitive bending and reported his duties did not aggravate his pain. The injured worker reported continued pain to the right hand and wrist and stated the prescribed medications and the chiropractic treatment had been providing relief of symptoms temporarily. The injured worker complained of headaches with dizziness and blurry vision, right shoulder pain worsened by lifting, pushing, and pulling, and right wrist pain radiating to the fingers associated with numbness and weakness. The physical examination of the right wrist revealed a healed lacerated wound and palpation revealed tenderness over the joint. The Tinel's and Finkelstein's tests were negative and range of motion revealed palmar flexion of 50 degrees, dorsiflexion of 50 degrees, radial deviation of 15 degrees, and ulnar deviation of 20 degrees with complaints of pain in all planes. The physical examination of the right hand revealed ongoing but decreased edema over the dorsum area. Palpation revealed tenderness at all the digit but more so over the 3rd, 4th, and 5th digits. The examination showed no significant change from the 09/20/2013 visits; however, the tremors of the 3rd, 4th, and 5th digits were no longer noted. The neurological examination noted motor strength to the upper extremities was rated 4/5 on the right

and 5/5 on the left. The sensation to pinprick and light touch was improving along the C7 and C8 dermatomes and deep tendon reflexes were 2+ bilaterally. The progress note dated 06/09/2014 revealed the injured worker complained of decreased sensation on the dorsal aspect of the right hand with weakness of grip. The injured worker had received 34 sessions of physical therapy and 9 sessions of chiropractic treatment. The injured worker complained of right wrist and hand pain with a tingling sensation. The physical examination of the right wrist revealed a healed surgical scar on the dorsal aspect and a pinprick sensation was palpable over the distal 4th digit. There was decreased sensation noted over the dorsal aspect of the right hand and the injured worker was unable to fully flex the fingers. The Request for Authorization form dated 02/03/2014 was for physical therapy with a paraffin bath, massage, and pulsed ultrasound times 8; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy with Paraffin Bath, Massage and Pulsed Ultrasound x 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 72, 268, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, and Hand (Acute and Chronic), (Not Including "Carpal Tunnel Syndrome") Official Disability Guidelines: Forearm, Wrist, and Hand (Acute and Chronic) Forearm, Wrist and Hand Ultrasound.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Massage therapy Page(s): 98-99, 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Paraffin wax baths.

Decision rationale: The request for physical therapy with paraffin bath, massage, and pulsed ultrasound times 8 is non-certified. The injured worker has received previously 34 sessions of physical therapy. The California MTUS Chronic Pain Medical Treatment Guidelines recommend active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with (Changes mid-sentence?) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in complex regional pain syndrome. The use of active treatment modalities such as exercise, education, and activity modification instead of passive treatments is associated with substantially better clinical outcomes. The guideline criteria for myalgia and myositis is 9 to 10 visits over 8 weeks. The guidelines state massage therapy treatment should be an adjunct to other recommended treatment and should be limited to 4 to 6 visits in most cases. Massage is a passive intervention and treatment dependency should be avoided. The Official Disability Guidelines recommend paraffin wax baths as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care such as exercise. According to a review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effect for arthritic hands. There is a lack

of documentation regarding hand osteoarthritis to warrant paraffin wax baths. There is a lack of documentation regarding current measurable objective functional deficits and quantifiable objective functional improvements with previous physical therapy sessions. The guideline recommendations are 9 to 10 visits over 8 weeks and the injured worker has received previously 34 visits of physical therapy. Therefore, due to the lack of documentation regarding current measurable functional deficits and quantifiable objective functional improvements with previous physical therapy, the request for physical therapy is not appropriate at this time. Therefore, the request is not medically necessary.