

Case Number:	CM14-0115533		
Date Assigned:	08/04/2014	Date of Injury:	06/30/2009
Decision Date:	09/10/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/24/2014

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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 42-year-old female who sustained an industrial injury on June 30, 2009. The patient has diagnoses of carpal tunnel syndrome and shoulder strain. Conservatively, the patient has been treated with steroid injection to the shoulder, cervical steroid injection, physical therapy, acupuncture, pain medications, work restrictions, and a right ganglionectomy in November 2010. The disputed requests are for Aqua Relief System, shoulder home exercise kit, and rental of paraffin wax bath. A utilization review determination had noncertified these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Aqua Relief System: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cold/Heat packs, Continuous-Flow Cryotherapy Units.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Continuous Flow Cryotherapy Topic.

Decision rationale: The California Medical Treatment and Utilization Schedule does not address the Aqua Relief system. This is noted to be a cold/heat therapy pump system. The

Official Disability Guidelines state that a brief rental for continuous cryotherapy may be an option postoperative period in the case of this injured worker, the request is for purchase and it is not clear why simple heating or cold pack alternatives are not utilized instead. This request is not medically necessary.

Purchase of Shoulder Home Exercise: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Definitions Page(s): 2.

Decision rationale: The California Medical Treatment and Utilization Schedule do not have provision for shoulder home exercise kit. Section 9792.21(c) of the California Medical Treatment Utilization Schedule states that: "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community..." In the case of this injured worker, there is lack of documentation of what type of medical equipment is in the home exercise kit. Many self-directed home exercises can be performed without specialized equipment. There is no documentation in this case of why this patient needs additional equipment. This request is not medically necessary.

4 Week Rental of 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, Treatment in Workers' Compensation: Neck & Upper & Shoulder Complaints.

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

Decision rationale: The California Medical Treatment and Utilization Schedule does not directly address paraffin wax. The Official Disability Guidelines states the following regarding paraffin wax in the Forearm, Wrist, and Hand Chapter: Recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodological considerations such as the poor quality of trials. (Robinson-Cochrane, 2002)The evidence for paraffin wax baths is or in general in terms of long-term outcomes. In the submitted documentation, I do not see sufficient rationale for why this is medically necessary. In general, for this type of request there should be documentation of some form of functional improvement with the use of wax baths when previously trialed with physical therapy. Since this injured worker has undergone prior physical therapy, is not clear whether the patient had

received benefit from prior use of wax paraffin bath. Due to this lack of documentation this request is not medically necessary.