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| Case Number: | CM14-0116192 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 09/15/2011 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 07/21/2014 |
| 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 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:

According to the submitted documents, this is a 47-year-old woman with the date of injury of 9/15/11. She underwent right carpal tunnel release on 3/22/14. There is a 6/16/14 request for authorization for wrist/hand home exercise equipment for self rehabilitation at home and to slowly transition out of physical therapy. There is a request for paraffin wax. The accompanying PR-2 indicates the patient's right wrist is improving, the numbness and tingling subsided on the right after surgery. She is still sore and has a weak grip. Left wrist tingling and numbness is the same. Exam showed a well healed incision in the right wrist and left wrist range of motion was documented. Tinel's and Phalen's were positive on the left. No mention of range of motion on the right. There is no mention of any neurologic deficits. The report indicates patient started physical therapy on 5/14/14. Diagnoses of bilateral hands sprain/strain; left carpal tunnel syndrome; status post right carpal tunnel release on 3/22/14. In addition to the above-mentioned requests, physical therapy was requested to be continued. The report states that the paraffin wax unit with refill wax blocks is continuing to be requested and the patient uses that during physical therapy with positive relief. However, there is no mention that the hot wax treatments have resulted in sustained functional benefit. The patient was at modified duty. No mention was made if she was actually working. There was another request for authorization 5/27/14 for paraffin wax unit for home use with a handwritten note stating that had been denied on 6/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist/hand home exercise equipment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: MTUS postsurgical physical medicine guidelines for carpal tunnel syndrome recommends 3-5 visits over 4 weeks with a maximum of 8 visits with therapy including education in a home program. However, there is no mention in guidelines that any specific exercise equipment for the home program is needed. The submitted documents do not indicate what the home exercise equipment consists of and why this patient would need this versus use of simple household items such as rolled towels, hard backed chairs, soup cans for hand weights, small soft balls for grip, etc. Therefore, based upon the evidence and the guidelines, this request is not medically necessary.

Paraffin Wax (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Forearm, wrist, & hand.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: Paraffin wax units heat up paraffin and the patient puts their hand in the warm wax for treatment. MTUS guidelines do not specifically address use of paraffin wax units for postoperative carpal tunnel syndrome physical medicine but do state that passive modalities such as heat should be minimized in favor of active treatments. The reports do not document that the patient got any sustained functional benefit from the hot wax treatments. Therefore, based upon the evidence and the guidelines, this request is not medically necessary.