

Case Number:	CM14-0119372		
Date Assigned:	08/06/2014	Date of Injury:	03/02/2009
Decision Date:	09/11/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/28/2014

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 Orthopedic Surgeon 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 41 year-old female who reported an injury due to cumulative trauma on 03/02/2009. On 06/25/2014, her diagnoses included left shoulder-hand syndrome, carpal tunnel syndrome, anxiety state, psychophysiological disorder, psychalgia, and depressive disorder. The worker stated that she had completed physical therapy of unknown duration but was now participating in a home exercise program. She also had completed 1 session of acupuncture which she felt was helpful in reduction of her pain. A paraffin bath was mentioned in the progress note, but there was no discussion of pain reduction or increased functional abilities due to the paraffin bath. There was no rationale or Request for Authorization included in this patient's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theracane: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable Medical Equipment (DME).

Decision rationale: In the Official Disability Guidelines, Durable Medical Equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME, defined as equipment which can withstand repeated use. For example, it could normally be rented and used by successive patients and is primarily and customarily used to serve a medical purpose. The requested Theracane does not meet Medicare's definition of DME. Additionally, the request did not state whether this was for a rental or a purchase. Therefore, this request for Theracane is not medically necessary.

Paraffin Device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Forearm, Wrist & Hand, Paraffin Wax Baths.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable Medical Equipment (DME).

Decision rationale: In the Official Disability Guidelines, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME, defined as equipment which can withstand repeated use. For example, it could normally be rented and used by successive patients and is primarily and customarily used to serve a medical purpose. The requested paraffin device does not meet Medicare's definition of DME. Additionally, the request did not state whether this was for a rental or a purchase. Therefore, this request for a Paraffin Device is not medically necessary.