

Case Number:	CM14-0137044		
Date Assigned:	08/29/2014	Date of Injury:	06/13/2013
Decision Date:	09/25/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/21/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 62 year old female with a date of injury on 6/13/2013. Diagnoses include carpal tunnel syndrome, and ulnar nerve lesion. Patient is status post left carpal tunnel decompression on 11/19/2013, and left cubital tunnel decompression on 2/8/14. Subjective complaints are that the patient is improving slower than expected status-post surgery. Physical exam shows full range of motion in the bilateral wrists/elbows. Prior treatment has included physical therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase TEN (transcutaneous electrical nerve stimulation) unit 3 Month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-122.

Decision rationale: CA MTUS guidelines for TENS use include chronic pain longer than 3 months, evidence that conservative methods and medications have failed, if used as an adjunct to a program of evidence-based functional restoration, and a one month trial of TENS use with appropriate documentation of pain relief and function. For this patient, a one month trial of

documented outcomes is not present in the submitted documentation. Therefore, the medical necessity of a TENS unit for 3 months is not medically necessary.

Rental of a Paraffin Wax 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 Paraffin Wax Machine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HAND/WRIST, PARAFFIN WAX.

Decision rationale: The ODG recommends paraffin wax as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). For this patient, submitted documentation does not identify arthritis of the hands. Therefore, the medical necessity of paraffin wax is not medically necessary.