MAXIMUS Federal Services

Case Number:	CM14-0154318		
Date Assigned:	09/23/2014	Date of Injury:	03/21/2005
Decision Date:	10/24/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 53-year-old female who reported an injury on 03/21/2005. The mechanism of injury was not provided. The injured worker's diagnoses included trigger finger. The injured worker's past treatments include TENS unit and paraffin bath.The injured worker's diagnostic testing was not provided. The injured worker's surgical history was not provided. On the clinical note dated 0819/2014, which was handwritten and illegible, the injured worker complained of increased pain in the right hand to the right shoulder and pain in the left hand, numbness in both hands. The injured worker had triggers of right index and 2nd finger, decreased function. The injured worker's medications were not provided. The request was for supplies for TENS unit for 6 months and paraffin bath. The rationale for the request was supplies for the TENS unit. The injured worker indicated that the TENS unit helps her and reduces her pain. The rationale for the paraffin bath was for replacement. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supplies for TENS Unit for 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT Page(s): 114-116.

Decision rationale: The request for Supplies for TENS Unit for 6 months is not medically necessary. The injured worker is diagnosed with trigger finger. Injured worker complains of increased pain to the right hand and to the left hand. The California MTUS Guidelines do not recommend TENS unit as a primary treatment modality, but a 1 month home based TENS trial as a noninvasive conservative option, if used as an adjunct to program of evidence based functional restoration. The medical records must have documentation of pain of at least 3 months duration, there is evidence that other appropriate pain modalities have been tried, including medication, and failed, a 1 month trial of the period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a function restoration approach with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The injured worker has possession of a TENS unit documented. There is documentation that the injured worker indicates the TENS unit helps her and reduces here pain. However, the requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain for the last 3 months. The requesting physician did not provide documentation of efficacy of the TENS unit. Additionally, the request does not indicate the frequency or the site with which the TENS unit is used to warrant the supplies for the TENS unit for 6 months. Additionally, the request does indicate the quantitative amount of supplies needed for the TENS unit. As such, the request for Supplies for TENS Unit for 6 months is not medically necessary.

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

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, PARAFIN WAX BATHS

Decision rationale: The request for Paraffin Bath is not medically necessary. The injured worker is diagnosed with trigger finger. Injured worker complains of right left hand pain. The Official Disability Guidelines recommend paraffin baths as an option for arthritic hands if used as an adjunct to a program of evidence based conservative care (exercise). 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. The rationale for replacement of the paraffin bath was not provided. The injured worker's medical records lacked documentation of efficacy of the paraffin bath, the frequency of use of the paraffin bath, and the rationale for the need for replacement. The request does not indicate the frequency of the paraffin bath. Additionally, the requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain and efficacy of the paraffin bath with regards to pain. As such, the request for Paraffin Bath is not medically necessary.