

Case Number:	CM14-0026804		
Date Assigned:	06/13/2014	Date of Injury:	09/15/2009
Decision Date:	07/16/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/03/2014

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 51-year-old with a date of injury on September 15, 2009. Diagnoses include carpal tunnel syndrome, and left wrist sprain with internal derangement. Subjective complaints are of pain in both wrists and hands, and neck pain radiating over the left shoulder. Physical exam shows bilateral wrists having decreased range of motion, positive Tinel's and Phalen's sign, pain a radioulnar junctions, decreased sensation at C6-T1 bilaterally and decreased upper extremity strength. Prior treatment has included medication, and previous thumb spica braces. Records indicate patient cannot tolerant oral medications due to severe gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PARAFFIN WAX: 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) 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, the

submitted documentation does not identify arthritis of the hands, or if it is being used as an adjunct to a therapy program. The request for paraffin wax is not medically necessary or appropriate.

INTERFERENTIAL UNIT (IF) AND HEATING PAD: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous Electrotherapy Section Page(s): 118, 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand/Wrist, TENS (Transcutaneous Electrical Nerve Stimulation).

Decision rationale: The ODG states that transcutaneous electrical nerve stimulation (TENS) units have no scientifically proven efficacy in the treatment of acute hand, wrist, or forearm symptoms. The Chronic Pain Medical Treatment Guidelines states that interferential therapy is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. Trials have evaluated the effectiveness of this treatment of back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. For this patient, use of electrotherapy for wrist pain is not consistent with guideline recommendations. The request for an IF unit and heating pad is not medically necessary or appropriate.

FOREARM BRACE, BILATERAL WRIST: 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) Carpal Tunnel Syndrome, Splinting.

Decision rationale: The ODG recommends splinting of wrist in neutral position at night & day as needed, as an option in conservative treatment for carpal tunnel syndrome. This patient has wrist symptoms consistent with carpal tunnel syndrome, and the use of braces/splints is consistent with guideline recommendations. The request for a forearm brace, bilateral wrist is not medically necessary or appropriate.