

Case Number:	CM14-0031902		
Date Assigned:	06/20/2014	Date of Injury:	05/11/2012
Decision Date:	08/15/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/13/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 35-year-old female who reported injury on 05/11/2012. The mechanism of injury was not specifically provided. The documentation indicated the injured worker was having a severe episode of pain and grayness in the right pinky finger and in the palm of the hand on 05/11/2012. Additionally, it was documented that a C6-7 block was performed to confirm exactly that the injured worker's pain could be reproduced with radiation to the right hand pinky. The documentation of 02/11/2014 revealed the injured worker was having episodes of severe pain and grayness in the right pinky finger and the palm of her right hand. The injured worker had cervical range of motion restricted in lateral rotation by 75% as compared to the right at 50%, flexion 50% and extension 25%. The injured worker's motor strength was 4/5 on all large motor groups on the right and 5/5 on the left. The injured worker had a positive EAST (elevated-arm stress test) and Adson's bilaterally. The right hand 5th digit and palm were bluish in color particularly after provocative testing. The injured worker had an injection of Myer's solution without adversity and had pain reduced by 50%. The diagnoses included bilateral thoracic outlet syndrome, mixed headache syndrome, chronic recurrent migraine trauma related, T4 syndrome, C6-7 right-sided facet pain, CRPS (complex regional pain syndrome), and hemangioma. The treatment plan included authorization for Botox injection and a warm paraffin bath for her right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Paraffin Unit, Quantity: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (OSG), Forearm, Wrist & Hand (Acute & Chronic).

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 & Hand Chapter, Paraffin wax baths.

Decision rationale: The Official Disability Guidelines indicate that paraffin wax baths are recommended as an option for arthritic hands if it is used as an adjunct to a program of evidence-based conservative care. The clinical documentation submitted for review failed to indicate the injured worker had arthritis. There was a lack of documentation indicating the injured worker would be utilizing the unit as an adjunct to a program of evidence-based conservative care. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, the request as submitted failed to indicate the requested duration of use, and whether the unit was for purchase or rental. Given the above, the request for home paraffin unit quantity 1 is not medically necessary.