

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0039046 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 06/21/2004 |
| <b>Decision Date:</b> | 07/31/2014   | <b>UR Denial Date:</b>       | 03/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/03/2014 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 patient is a female who was injured on 6/21/2004. She has Reflex Sympathetic Dystrophy (RSD). A prior utilization review (UR) report dated 3/27/2014, certified a right wrist and forearm brace, and non-certified right arm sling, paraffin bath and lumbar spine pillow. A prior UR on 12/17/2013, non-certified the requests for paraffin bath and lumbar spine pillow. The patient was seen for a follow-up evaluation on 3/5/2014. She complains of markedly layered reflex sympathetic and should be. She complains of burning pain in the right arm, neck pain, left shoulder pain, low back pain and hip pain. She is awaiting a bone scan. She was diagnosed with colon cancer. She states she has severely excruciating pain with range of motion. On physical examination, there is a dusky discoloration of the right hand with trophic changes, positive Tinel's and Phalen's test over the carpal tunnel region, abnormal 2-point discrimination over the median nerve distribution greater than 8mm, and there is a healed surgical incision on the thumb and long finger secondary to trigger finger release. Several items, injection procedures, referrals, and home health care are requested. The patient's work status is modified work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right arm sling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 3rd Edition, Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Immobilization. Postoperative abduction pillow sling.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that a shoulder or arm sling may be indicated in the initial acute stage, following traumatic injuries to the shoulder or elbow, and post-operatively in certain cases. However, immobilization is not recommended as a primary treatment. Immobilization and rest appear to be overused as treatment. The patient presented with a complaint of flared complex regional pain syndrome (CRPS) symptoms of the right wrist/hand. An arm sling is not appropriate or indicated for this patient's condition.

**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 (ODG), Forearm Wrist and Hand, Paraffin Wax Bath.

**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, Paraffin wax baths.

**Decision rationale:** The Official Disability Guidelines indicate that paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). The medical records do not reveal the existence of subjective complaint and objective findings consistent with arthritis. In addition, neurological complaints are documented. A paraffin bath is not indicated or medically necessary.

**Lumbar spine pillow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Mattress selection.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Bed Rest; Pain, Durable Medical Equipment (DME).

**Decision rationale:** The MTUS/ACOEM Guidelines do not specifically address lumbar pillows; however, according to the guidelines, there is no evidence to substantiate that back supports are effective in preventing back pain. These devices have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient is ten (10) years status post her industrial injury date. A back support is not recommended under the guidelines. In addition, the guidelines advise that bed rest has potential debilitating effects, most patients do not require bed rest. Bed rest may lead to a slower recovery; however staying active and attempting to maintain activity levels is recommended. According to the guidelines, studies advise against the use of

bed-rest in the management of low back pain, since there is a relationship between the occurrences of low back pain after bed-rest. The Official Disability Guidelines indicate that regarding mattress selection, there are no high quality studies to support the purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. The request is not supported as medically necessary.