

Case Number:	CM14-0042571		
Date Assigned:	06/30/2014	Date of Injury:	07/15/2011
Decision Date:	08/19/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/09/2014

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 Anesthesiology, and has a subspecialty in Pain Medicine 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 injured worker is a 53 year old female who reported an injury to her upper extremities on 10/07/11 when she felt a sharp shooting pain in both hands and wrists. The injured worker reported a three month history of symptoms. The clinical note dated 08/20/13 indicates the injured worker complaining of right shoulder pain. The clinical note dated 09/05/13 indicates the injured worker having previously undergone an Open Reduction and Internal Fixation (ORIF) at the left distal radius following a non-industrial fracture. Strength deficits were identified in the left hand. The note indicates the injured worker having previously undergone therapeutic interventions to address the bilateral carpal tunnel findings. The clinical note dated 10/08/13 indicates the injured worker complaining of 5-8/10 pain, most notably at the right shoulder and left side of the neck. The note indicates the injured worker having previously undergone bilateral carpal tunnel release surgeries. Upon exam, the injured worker did demonstrate right shoulder range of motion deficits to include 140 degrees of flexion, 30 degrees of extension, 140 degrees of abduction, and 20 degrees of adduction along with 60 degrees of internal rotation and 70 degrees of external rotation. The clinical note dated 02/03/14 indicates the injured worker demonstrating range of motion deficits at the right wrist to include 30 degrees of dorsal flexion, 30 degrees of palmar flexion, 10 degrees of radial deviation, and 15 degrees of ulnar deviation. No reflex deficits were identified. No sensation deficits were identified as well. The utilization review dated 03/20/14 resulted in a denial for a paraffin wax machine and supplies as well as a Transcutaneous Electrical Nerve Stimulation (TENS) unit trial as insufficient information had been submitted confirming the injured worker's arthritic findings and previous treatments indicating the likely benefit of the use of paraffin wax as well as a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin wax machine and supplies: 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 (Updated 2/18/14) Paraffin wax baths.

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 Chapter, Paraffin wax baths.

Decision rationale: The request for a paraffin wax machine and supplies is not medically recommended. The documentation indicates the injured worker complaining of bilateral wrist and right shoulder pain. The use of paraffin wax is indicated for injured workers who have been diagnosed with osteoarthritis and are continuing with conservative treatments. No information was submitted regarding the injured worker's significant findings consistent with osteoarthritis. No imaging studies were submitted confirming the injured worker's osteoarthritic findings. Given these factors, the use of paraffin is not fully indicated for this injured worker at this time.

TENS unit, 1 month trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 116.

Decision rationale: The request for a transcutaneous electrical nerve stimulation (TENS) unit trial is not medically recommended. The use of a TENS unit is indicated upon completion of all conservative treatments, the injured worker has been identified as having findings that would likely benefit from the use of transcutaneous electrotherapy and the injured worker is continuing with non-invasive conservative treatments. No information was submitted regarding the injured worker's ongoing conservative treatments. There is an indication the injured worker has completed a course of conservative therapy. Without the information confirming the injured worker's ongoing therapeutic interventions, this request is not fully indicated as medically necessary.