MAXIMUS Federal Services

Case Number:	CM14-0206967		
Date Assigned:	12/18/2014	Date of Injury:	05/13/2013
Decision Date:	02/17/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/10/2014

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 Occupational Medicine, 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck, shoulder, arm, and back pain reportedly associated with an industrial injury of May 13, 2013.In a Utilization Review Report dated December 3, 2014, the claims administrator denied compression leg stockings, occupational therapy, paraffin wax, Condrolite (glucosamine), and vitamin B6. The claims administrator referenced non-MTUS ODG guidelines on vitamin B6 deficiency in its determination, despite the fact that the MTUS addressed the topic. A November 10, 2014 progress note was also referenced.The applicant's attorney subsequently appealed. The applicant's attorney did not, however, incorporate much in the way of progress notes into the Independent Medical Review packet, which comprised, in large part, of historical Utilization Review Reports and a disability form dated June 27, 2014, in which the attending provider stated that the applicant would remain off of work owing to issues with chronic neck pain, cubital tunnel syndrome, elbow epicondylitis, and leg pain. In a historical Utilization Review Report dated July 29, 2014, eight sessions of occupational therapy were endorsed.The November 10, 2014 progress note which the claims administrator referenced in its rationale was not, however, furnished.

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): table 11-4, page 264,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that passive modalities, as a whole, be employed "sparingly" during the chronic pain phase of a claim. While the MTUS Guideline in ACOEM Chapter 11, Table 11-4, page 264 does recommend at-home applications of heat packs as methods of symptom control for forearm, wrist, and hand complaints, ACOEM does not, by implication, support more elaborate devices for delivering heat therapy such as the paraffin wax at issue. As noted previously, the November 10, 2014 progress note on which the article in question was sought was not incorporated into the Independent Medical Review packet. The information which is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

Leg compression stocking: 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), Knee and Leg Chapter, Compression Garments

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Treatment Page(s): 40.

Decision rationale: While page 40 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that edema control may be required in applicants who have lower extremity swelling associated with complex regional pain syndrome (CRPS), in this case, however, it was not clearly stated for what purpose the leg compressive stockings were intended. The November 10, 2014 progress note in question was not incorporated into the Independent Medical Review packet. The information which is on file, however, failed to support or substantiate the request. There was no mention made of any issues with lower extremity swelling and/or swelling associated with CRPS which would have compelled the provision of the compression stockings at issue. Therefore, the request was not medically necessary.

Occupational therapy 2 times 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, eight sessions of occupational therapy were previously approved on a Utilization Review Report dated July 29, 2014. The applicant's response to the same was not clearly outlined. The limited information on file, however, suggested that the applicant was off of work, on total temporary disability, despite having received prior occupational therapy already consistent with MTUS parameters. While it is acknowledged that the November 10, 2014 progress note on which the article in question was sought was not incorporated into the Independent Medical Review packet, the information which is on file, however, failed to support or substantiate the request and, furthermore, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior treatment already consistent with MTUS parameters. Therefore, the request was not medically necessary.

Condrolite, QTY 90, one tab 1-3 qd with meals: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Condrolite (glucosamine) is indicated in the treatment of pain associated with arthritis and, in particular, knee arthritis, in this case, however, the information on file failed to include clinical or radiographic evidence of knee arthritis. On a disability form dated June 27, 2014, the applicant's stated diagnoses were cervical strain, shoulder impingement syndrome, cubital tunnel syndrome, elbow epicondylitis, bilateral carpal tunnel syndrome, and bilateral leg sprain. There was, in short, no mention of issues with arthritis and/or knee arthritis which would have compelled provision of Condrolite (glucosamine), although it is acknowledged that the November 10, 2014 progress note on which the article in question was sought was not incorporated into the Independent Medical Review packet. The information which is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

Vitamin B6 100mg QTY 100, one tab qd: 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), Pain Chapter, Vitamin B

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 11, page 264, the usage of vitamin B6 in carpal tunnel syndrome in applicants in whom it is perceived to be deficient is not consistently supported by the medical evidence. Here, the admittedly limited information on file, which did not include the November 10, 2014 progress note on which the article in question was sought made no mention of the applicant's having vitamin B6 deficiency/induced carpal tunnel syndrome. No clinical or serologic evidence of vitamin B6 deficiency was presented. Therefore, the request was not medically necessary.