

<b>Case Number:</b>	CM14-0067976		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/27/2013
<b>Decision Date:</b>	02/26/2015	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old male sustained an industrial related injury on 01/27/2013. The results of the injury included severe pulling-like pain in the right wrist that radiated to the right forearm and elbow. The injured worker was initially diagnosed with carpal tunnel syndrome to the right wrist. Per the progress report (PR) (04/07/2014), the injured worker's subjective complaints included bilateral wrist pain with the right worse than the left, right elbow pain, bilateral finger pain associated with numbness, stiffness and weakness, and difficulty falling asleep with sleep interruption. Objective findings on this report included a well healed surgical scar to the right wrist, decreased sensation over the right thumb, thenar eminence and 2 finger, and full range of motion. Treatment to date has included medications, conservative care, injections (02/18/2013), chiropractic treatments (6 sessions), acupuncture (4 sessions), physical therapy (10 sessions), a carpal tunnel release of the right wrist (10/28/2013), and 24 sessions of post-operative physical therapy. Diagnostic testing has included a MRI of the right wrist (date unknown) which revealed a right cyst formation; EMG/NCV studies (06/25/2013) which revealed right carpal tunnel syndrome and mild carpal tunnel syndrome on the left; and sleep study (12/03/2013) revealing snoring, severe sleep apnea, and severe periodic leg movements. Current diagnoses include right wrist strain/sprain and 1st compartment tenosynovitis, right wrist cyst formation, bilateral carpal tunnel syndrome with the right worse than the left, status post carpal tunnel release and flexor tendon release (10/18/2013), and insomnia. The interferential and paraffin bath units were requested for the treatment of right wrist pain. Treatments in place around the time the interferential and paraffin bath units were requested included physical therapy, medications, and

home exercises. The injured worker reported ongoing and unchanged pain. Functional deficits were not evaluated and no specific findings were noted. Activities of daily living were unchanged. Work status remained unchanged as the injured worker was ordered to remain off work until next visit. Dependency on medical care was unchanged. On 05/01/2014, Utilization Review non-certified a request for interferential unit for home use which was requested on 04/25/2014. The interferential unit was non-certified based on efficacious of the injured worker's medical condition. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of interferential unit for home use. On 05/01/2014, Utilization Review non-certified a request for paraffin bath unit for pain symptoms of hands/wrist which was requested on 04/25/2014. The paraffin bath unit was non-certified based on efficacious of the injured worker's medical condition. The OGD guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of paraffin bath unit for pain symptoms of hands/wrist.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Interferential unit for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Interferential unit

**Decision rationale:** Pursuant to the Official Disability Guidelines, interferential unit (ICS) for home use is not medically necessary. ICS 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, and limited evidence of improvement on those recommended treatments alone. Randomized trials that evaluated effectiveness of treatment for either negative or insufficient for recommendation due to poor study design and/or methodologic issues. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support in differential current stimulation for treatment of these conditions. The Patient Selection Criteria that should be documented by the medical care provider for the ICS to be determined to be medically are enumerated in the guidelines. If the criteria are met then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. See the guidelines for additional details. In this case, the injured worker's working diagnoses are right wrist sprain/strain; right wrist cyst formation, per MRI; right elbow tendinitis; right carpal tunnel syndrome; status post right carpal tunnel release, flexor tendon release date of surgery October 28, 2013. The injured worker received medications, will you acupuncture, chiropractic treatment and physical therapy (24 sessions) with no evidence of objective functional improvement associated with those modalities. The treating physician recommended ICS unit (interferential unit) for home use. The documentation did not enumerate what body part

or regional area was to be treated with the ICS. Additionally, the guidelines indicate a one-month trial with an ICS is appropriate if the Patient Selection Criteria are met. There was no "one-month trial" documented in the medical record. Consequently, absent clinical documentation supporting the Patient Selection Criteria and the one-month clinical trial, Interferential unit for home use is not medically necessary.

**Paraffin bath unit for pain symptoms of hands/wrists:** 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 & 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 Forearm, Wrist and Hand Section, Paraffin baths

**Decision rationale:** Pursuant to the Official Disability Guidelines, paraffin bath unit for pain symptoms of hand and wrist are not medically necessary. 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). Paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodological considerations such as the poor quality of trials. In this case, the injured worker's working diagnoses are right wrist sprain/strain; right wrist cyst formation, per MRI; right elbow tendinitis; right carpal tunnel syndrome; status post right carpal tunnel release, flexor tendon release date of surgery October 28, 2013. The injured worker received medications, acupuncture, chiropractic treatment and physical therapy (24 sessions) with no evidence of objective functional improvement associated with those modalities. Paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to her program of evidence-based conservative care. The injured worker did not receive any benefit or functional improvements with his therapy, chiropractic therapy, acupuncture and medications. Documentation does not indicate you into worker suffers with arthritis. The injured worker sustained the right wrist sprain/strain and underwent right carpal tunnel release surgery. There is no clinical rationale for paraffin wax bath consequently, paraffin baths unit for pain symptoms of hand and wrist are not medically necessary.