MAXIMUS Federal Services

Case Number:	CM14-0098619		
Date Assigned:	07/28/2014	Date of Injury:	11/05/2012
Decision Date:	01/28/2015	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/26/2014

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:

Injured worker is a male with date of injury 11/5/2012. Primary treating physician's progress report dated 6/24/2014 is hand written and mostly illegible. Per primary treating physician's progress report dated 5/13/2014, the injured worker complains of pain to the low back radiating into both legs with numbness in both feet, which is worse with prolonged sitting, standing and walking. The injured worker is constantly having to shift position. He reports his right shoulder has better range of motion, but still has restricted abduction and stength. His right wrist feels grinding when he moves the wrist. On examination, the right shoulder range of motion is flexion 110 degrees, extension 60 degrees, internal rotation 50 degrees, external rotation 60 degrees. Right wrist range of motion is flexion 50 degrees and extension 60 degrees. Lumbar spine range of motion is flexion 60 degrees, extension 15 degrees, and lateral bending 20 degrees. Straight leg raise is positive. There is hypoesthesia L3-S1 bilateally. Muscle strength is 3/5. Diagnoses include 1) head trauma injury 2) herniated cervical disc 3) radiculopathy of cervical spine 4) left shoulder arthroscopy with RCR 6/29/2013 5) status post right shoulder arthroscopy 6) right elbow strain/sprain, rule out lateral epicondylitis 7) left carpal tunnel syndrome 8) fracture distal radius 9) facial fracture multiple (temporal/zygoma) 10) visual disturbance 11) fracutre ribs left #4, 5, 6, 7 12) sleep disorder 13) status post right TFCC repair 14) herniated lumbar disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heating pads: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand - Heat therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 174.

Decision rationale: Per the MTUS Guidelines, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. Despite the lack of scientific evidence in support of heat application, it is considered a low risk treatment that can be provided with the use of homemade heat packs. Medical necessity of the purchase of heating pads has not been established within the recommendations of the MTUS Guidelines. The request for heating pads is determined to not be medically necessary.

Interferential Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder-Interferential current stimulation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment, however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The request is not for a one month trial however, and the unit is not recommended for use without the trial and document evidence of benefit. The request for interferential unit is determined to not be medically necessary.

Paraffin wax unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: 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 & Hand chapter, Paraffin Wax Baths section

Decision rationale: The use of paraffin wax unit is not addressed in the MTUS Guidelines. The ODG recommends the use of paraffin wax baths as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, 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. The indications for use of paraffin wax are not described by the requesting physician. The injured worker is not reported to be suffering from arthritic hands. Medical necessity of this request has not been established within the recommendations of the ODG. The request for paraffin wax unit is determined to not be medically necessary.