

Case Number:	CM14-0099346		
Date Assigned:	09/23/2014	Date of Injury:	09/15/2009
Decision Date:	01/28/2015	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/27/2014

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 Emergency 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 injured worker is a 52 year-old female, who sustained an injury on April 30, 2009. The mechanism of injury is not noted. Diagnostics have not been included in the current medical narrative report. Treatments have included: Paraffin wax. The current diagnoses are: Cervical sprain/strain; chronic pain syndrome; left shoulder sprain/strain; right carpal tunnel syndrome; left wrist strain/internal derangement. The stated purpose of the request for IF unit was to provide pain relief. The request for IF unit was denied on June 5, 2014, citing the rationale that there is no documented use of this modality in a clinical setting with positive gains obtained that would support a one-month use. The stated purpose of the request for heating pad was to provide pain relief. The request for heating pad was denied on June 5, 2014, citing the rationale that there is no evidence to support the efficacy of heating pads over standard hot packs for home use. The stated purpose of the request for Paraffin wax unit refills was to provide pain relief. The request for Paraffin wax unit refills was denied on June 5, 2014, citing the rationale that there is limited documentation of positive response from this modality that will support a refill. The stated purpose of the request for both wrists/forearm braces was to provide pain relief. The request for both wrists/forearm braces was denied on June 5, 2014, citing the rationale that there is no clear rationale for requesting a new pair of forearm/wrist braces given that the injured worker received bilateral thumb spice wrist braces in 2011. Per the report dated August 19, 2014, the treating physician noted that the injured worker complained of pain in the neck, upper back, and left shoulder that progressively worsened. Topical creams helped decrease pain and allowed her to work. Objective findings included decreased range of motion of the cervical spine, positive Spurling's maneuver, spasms, and tenderness of the cervical paraspinals. There was decreased range of motion of the bilateral shoulders with crepitus and tenderness of the rotator cuff.

Phalen's and Tinel's were positive on wrist examination. There was tenderness over the distal radial ulnar junction. There was hypoesthesia in the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation Page(s): 118.

Decision rationale: The requested IF unit is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, interferential current stimulation, page # 118 note that 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. The injured worker has ongoing neck, upper back, and left shoulder pain. The treating physician has documented tenderness on exam, positive provocative maneuvers, and hypoesthesia in the upper extremities. The treating physician has not documented symptomatic or functional improvement from previous use under the supervision of a licensed physical therapist or documentation contraindicating a standard TENS unit. The criteria noted above not having been met, IF unit is not medically necessary.

Heating Pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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, heat therapy.

Decision rationale: The requested heating pad is not medically necessary. CA MTUS is silent. ODG Guidelines, forearm, wrist, and hand chapter, recommend at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat therapy. The injured worker has ongoing neck, upper back, and left shoulder pain. The treating physician has documented tenderness on exam, positive provocative maneuvers, and hypoesthesia in the upper extremities. The treating physician has not documented findings to contraindicate the use of standard heat packs. The criteria noted above not having been met, heating pad is not medically necessary.

Paraffin Wax Unit refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 requested Paraffin wax unit refills is not medically necessary. CA MTUS is silent. ODG Guidelines, forearm, wrist, and hand chapter, note 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 injured worker has ongoing neck, upper back, and left shoulder pain. The treating physician has documented tenderness on exam, positive provocative maneuvers, and hypoesthesia in the upper extremities. The injured worker has positive Tinel's and Phalen's signs consistent with symptomatic carpal tunnel syndrome. The treating physician has not documented explicit functional improvement from previous use or documentation of the duration and frequency of treatment. The criteria noted above not having been met, Paraffin wax unit refills is not medically necessary.

Both wrists/forearm braces: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The requested both wrists/forearm braces is medically necessary. ACOEM Guidelines, chapter 11, pages #265-266 note that when treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. The injured worker has ongoing pain. The treating physician has documented a positive Tinel's and Phalen's maneuver on physical exam. The injured worker was authorized bilateral wrist/forearm braces in 2011, but did not receive the DMEs. The criteria noted above having been met, both wrists/forearm braces is medically necessary.