

Case Number:	CM15-0106526		
Date Assigned:	06/10/2015	Date of Injury:	12/20/2013
Decision Date:	08/18/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/02/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 female sustained an industrial injury on 12/20/13. She subsequently reported Diagnoses include radial nerve injury. Treatments to date include x-ray testing, left thumb surgery, acupuncture, physical therapy, modified work duty, and prescription pain medications. The injured worker continues to experience left hand pain, numbness and tingling sensations. Upon examination, there is limited left thumb and index finger range of motion. Tenderness to palpation is noted to second left PIP and MCD. Phalen's and Tinel's are negative. A request for Paraffin bath for home use, Wax supply (months) QTY: 3, Re-Request Occupational therapy for the left hand, QTY: 8 and X-ray of the left thumb was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin bath for home use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) Page(s): 35-41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Paraffin wax baths.

Decision rationale: While MTUS specifically address CRPS, it is silent in regards to Portable Paraffin bath unit treatments for CRPS or any other medical problems. MTUS does state that treatment for CRPS should focus on rehabilitation (careful physical therapy), psychological treatment, and pain management. ODG specifically states recommended 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. (Robinson-Cochrane, 2002) The medical documents provided do not indicate guideline supported rationale for this therapy. Of the medical documentation provided, none discussed the patient having a diagnosis of arthritis or findings suggestive of arthritis. No documented objective evidence of functional improvement with prior use. As such, the request for Paraffin bath for home use is not medically necessary.

Wax supply (months) QTY: 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) Page(s): 35-41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Paraffin wax baths.

Decision rationale: While MTUS specifically address CRPS, it is silent in regards to Portable Paraffin bath unit treatments for CRPS or any other medical problems. MTUS does state that treatment for CRPS should focus on rehabilitation (careful physical therapy), psychological treatment, and pain management. ODG specifically states recommended 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. (Robinson-Cochrane, 2002) Of the medical documentation provided, none discussed the patient having a diagnosis of arthritis or findings suggestive of arthritis. The request for Paraffin bath for home use is denied, subsequently wax for the unit is not required. As such, the request for Wax supplies (months) QTY: 3 are not medically necessary.

Re-Request Occupational therapy for the left hand, QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical/Occupational Therapy.

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 (Acute & Chronic).

Decision rationale: ODG states "Recommended. Positive (limited evidence). See also specific physical therapy modalities by name. Also used after surgery and amputation. Early physical therapy, without immobilization, may be sufficient for some types of un-displaced fractures. It is unclear whether operative intervention, even for specific fracture types, will produce consistently better long-term outcomes. There was some evidence that 'immediate' physical therapy, without routine immobilization, compared with that delayed until after three weeks immobilization resulted in less pain and both faster and potentially better recovery in patients with un-displaced two-part fractures. Similarly, there was evidence that mobilization at one week instead of three weeks alleviated pain in the short term without compromising long-term outcome. (Handoll- Cochrane, 2003) (Handoll2-Cochrane, 2003) During immobilization, there was weak evidence of improved hand function in the short term, but not in the longer term, for early occupational therapy, and of a lack of differences in outcome between supervised and unsupervised exercises. Post-immobilization, there was weak evidence of a lack of clinically significant differences in outcome in patients receiving formal rehabilitation therapy, passive mobilization or whirlpool immersion compared with no intervention. There was weak evidence of a short-term benefit of continuous passive motion (post external fixation), intermittent pneumatic compression and ultrasound. There was weak evidence of better short-term hand function in patients given physical therapy than in those given instructions for home exercises by a surgeon. (Handoll- Cochrane, 2002) (Handoll-Cochrane, 2006) Hand function significantly improved in patients with rheumatoid arthritis after completion of a course of occupational therapy ($p < 0.05$). (Rapoliene, 2006) Active Treatment versus Passive Modalities: See the Low Back Chapter for more information. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The most commonly used active treatment modality is Therapeutic exercises (97110), but other active therapies may be recommended as well, including Neuromuscular reeducation (97112), Manual therapy (97140), and Therapeutic activities/exercises (97530). Open wound of finger or hand (ICD9 883): 9 visits over 8 weeks. See also early mobilization (for tendon injuries). Post-surgical treatment/tendon repair: 24 visits over 16 weeks". Regarding physical therapy, ODG states patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The previous review modified the Re-Request Occupational therapy for the left hand, QTY: 4 to address the range of motion issues pending receipt of objective evidence of functional improvement. Per guidelines, an initial trial of six sessions is necessary before additional sessions can be approved. The request for 8 sessions is in excess of guidelines. As such, the request for Re-Request Occupational therapy for the left hand, QTY: 8 are not medically necessary.

X-ray of the left thumb: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for imaging - X-rays.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266-278. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Radiography.

Decision rationale: ACOEM states for most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. ODG Indications for imaging--X-rays: Acute hand or wrist trauma, wrist trauma, first exam- Acute hand or wrist trauma, suspect acute scaphoid fracture, first exam, plus cast and repeat radiographs in 10-14 days. Acute hand or wrist trauma, suspect distal radioulnar joint subluxation. Acute hand or wrist trauma, suspect hook of the hamate fracture. Acute hand or wrist trauma, suspect metacarpal fracture or dislocation. Acute hand or wrist trauma, suspect phalangeal fracture or dislocation. Acute hand or wrist trauma, suspect thumb fracture or dislocation. Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury). Chronic wrist pain, first study obtained in patient with chronic wrist pain with or without prior injury, no specific area of pain specified. The treating physician has not provided documentation as to why this x-ray is being requested this far post initial injury. There is no indication that this patient has had a re-injury, new injury, or evidence of red flag symptoms. As such the request for X-ray of the left thumb is not medically necessary.