

Case Number:	CM15-0131233		
Date Assigned:	07/17/2015	Date of Injury:	09/18/2014
Decision Date:	08/14/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old female injured worker suffered an industrial injury on 9/18/2014. The diagnoses included right shoulder impingement, tendinitis and pain, right elbow tendinitis, right wrist tenosynovitis, right wrist DeQuervain's, and left upper extremity repetitive injury due to compensations from right upper extremity injury. The treatment included medications. On 5/27/2015 the treating provider reported right shoulder pain, right arm pain, right forearm pain, elbow pain and right wrist pain. The injured worker reported she used the Pennsaid on her right elbow and right wrist with 50% relief of inflammatory pain in the evenings. She cannot increase the use of Ibuprofen due to stomach upset. She rated the right shoulder pain 8/10 and the left shoulder pain 3/10. She reported she used oral NSAID (nonsteroidal anti-inflammatory drugs) of Ibuprofen on the weekdays and Naproxen on the weekends. The injured worker had returned to work without restrictions. The requested treatments included Home Paraffin Wax Unit and Pennsaid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home 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, Forearm, Wrist, and Hand, Paraffin Wax Bath.

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: Regarding the request for paraffin wax unit, California MTUS does not address the issue. ODG cites 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). Within the documentation available for review, there is no documentation of arthritic hands and adjunctive treatment with exercise. In the absence of the above documentation, the currently requested paraffin wax unit is not medically necessary.

Pennsaid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter, Diclofenac, topical (Flector, Pennsaid, Voltaren Gel).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Pennsaid, CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use". Within the documentation available for review, none of the aforementioned criteria have been documented. Given all of the above, the requested Pennsaid is not medically necessary.