

Case Number:	CM15-0140789		
Date Assigned:	07/31/2015	Date of Injury:	11/26/2006
Decision Date:	08/31/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/21/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 42 year old male, who sustained an industrial injury on 11-26-06. Initial complaint was of his lower back. The injured worker was diagnosed as having lumbar region sprain; lumbar-lumbosacral disc degeneration; lateral epicondylitis; sprain of knee and leg; chronic pain NEC; postsurgical states NEC. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 5-22-15 indicated the injured worker complains of pain in the right knee aggravated with repetitive kneeling, squatting and lifting. He states his right knee continues to give out. He complains of lower back pain with radicular symptoms into the right and left legs. He reports symptoms are aggravated with prolonged sitting, standing and walking, as well as lifting. He complains of left elbow pain aggravated with forceful gripping and grasping. He also complains of left shoulder pain aggravated by overhead reaching and overhead work. OF recent, he complains that on May 19, 2015 while he was getting his mail from the mailbox, upon returning to his home, his legs gave out and he fell landing on his right hand and scraping his right knee. He experienced severe swelling in his right wrist. Objective findings document hypertension on this visit (158 over 118. The lumbar spine range of motion notes flexion 50 degrees, extension 20 degrees, lateral bending right 20 degrees and left 20 degrees. His straight leg raise was +75 right and left. There is tightness notes and spasms in the lumbar paraspinal musculature bilaterally. There is hypoesthesia along the anterior lateral aspect of the foot and ankle, L5 and S1 dermatome level bilaterally. His right knee range of motion notes extension 180 degrees and flexion 120 degrees. His McMurray's is positive testing on the right and there is medial joint line tenderness on the right. Chondromalacia patellar compression

test is positive on the right. The left elbow range of motion extension -5 degrees, flexion 120 degrees, pronation 65 degrees and supination 65 degrees. Tinel's sign is positive for cubital tunnel on the left and there is tenderness in the medial and lateral epicondyle area on the left. The left shoulder range of motion is flexion 150 degrees, extension 35 degrees, abduction 145 degrees and adduction 35 degrees, internal rotation 65 degrees, external rotation 70 degrees. Impingement test is positive on the left shoulder. He has tenderness over the greater tuberosity of the left humerus. The right wrist examination notes range of motion extension 45 degrees, flexion 45 degrees, radial deviation 20 degrees, ulnar deviation 30 degrees and Tinel's sign is markedly positive on the right wrist for carpal tunnel. The provider documents the injured worker is a status post left shoulder arthroscopic surgery (no date) and the injured worker was diagnosed prior to his injury with left elbow lateral epicondylitis. MRI findings are documented by this provider as herniated lumbar disc with radiculitis-radiculopathy and right knee medial lateral tear is positive per MRI findings. The injured worker has been authorized and waiting to be scheduled for lumbar epidural steroid injections at L4-L5 and L5-S1. He is requesting authorization for an ultrasound guided cortisone injection for the right knee as therapeutic, analgesic and diagnostic purposes. He may be a candidate for a right knee arthroscopic surgery with lateral meniscectomy. The provider has recommended a paraffin wax unit for the right wrist and medications refills. The provider is requesting authorization of DME (durable medical equipment) Paraffin Wax Unit, purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME (durable medical equipment) Paraffin Wax Unit, purchase: 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 & Hand (Acute & Chronic) - 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.

Decision rationale: The MTUS Guidelines do not address the use of Paraffin Wax treatments, therefore, alternative guidelines were consulted. Per the ODG 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). 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. Paraffin wax therapy is not recommended in treating CTS patients. The available documentation does not provide evidence of arthritis in the wrist, therefore the request for DME (durable medical equipment) Paraffin Wax Unit, purchase is determined to not be medically necessary.