

<b>Case Number:</b>	CM15-0148094		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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 injured worker is a 45 year old female who sustained an industrial injury on 8-16-2012. She was rear ended in an accident. She has reported pain in the wrist and left shoulder and has been diagnosed with traumatic tear of triangular fibrocartilage complex, right carpal tunnel syndrome, and carpal boss of the right wrist. Treatment has included medications, home exercise program, TENS, and surgery. There was some tenderness of the left shoulder anteriorly and in the peri-acromial area. The treatment plan included therapy for the right wrist and a repeat electrodiagnostic study. The treatment request included paraffin bath for the right ankle and foot and TENS patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paraffin bath for the right ankle/foot:** 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 and Other Medical Treatment Guidelines Rashid S et al. "To evaluate the efficacy of Mobilization Techniques in Post-Traumatic stiff ankle with and without Paraffin Wax Bath." Pak J Med Sci. 2013 Nov; 29(6):1406-9.

**Decision rationale:** Regarding the request for paraffin wax bath for the ankles/feet, California MTUS and ODG do not address this request. ODG states 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). A search of the national Library of medicine revealed a study indicating that paraffin wax bath treatment may improve posttraumatic stiff ankle. This study demonstrated that joint mobilization and wax bath therapy is an effective and beneficial tool to improve the symptoms and quality of life in posttraumatic stiff ankle patients. Within the documentation available for review, there is no indication that the paraffin wax bath will be used with mobilization. No additional research supporting the use of this modality has been provided for review. As such, the current request is not medically necessary.

**TENS patches (2 pairs) x 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**Decision rationale:** With regard to the request for TENS patches, these are components of a TENS unit system. The Chronic Pain Medical Treatment Guidelines on Pages 114-116 specify the following regarding TENS (transcutaneous electrical nerve stimulation): "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in

treating MS patients with pain and muscle spasm. (Miller, 2007)" A review of this injured worker's industrial diagnoses failed to reveal any of the indications above of multiple sclerosis, spasticity, phantom limb pain, or complex regional pain syndrome as described by the CPMTG. By statute, the California Medical Treatment and Utilization Schedule takes precedence over other national guidelines which may have broader indications for TENS unit. Given this worker's diagnoses, TENS is not medically necessary.