

Case Number:	CM15-0163053		
Date Assigned:	08/31/2015	Date of Injury:	08/05/2009
Decision Date:	10/06/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/20/2015

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

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 66 year old male who sustained an injury on 8-5-09 resulting from repetitive work from June 2009 to August 2009. The work activities involved tearing down a ceiling; climbing up and down a ladder repetitively all day; carrying debris and transporting sheet rock. A qualified medical re-evaluation was done on 11-25-11 reports complaints of neck pain, left knee, and low back and occasional radicular symptoms of both upper and lower extremities. Treatment has included therapy, anti-inflammatory medications and chiropractic treatment. Diagnosis testing included JMRI left knee and an EMG and nerve conduction study. Diagnoses include cervical radicular; carpal tunnel syndrome; muscle spasm. The examination of the cervical spine shows tenderness and paraspinal musculature - mild spasm; range of motion is 10% limitation of the neck; lumbar spine reveals tenderness and paraspinal musculature; right and left shoulder reveals no specific tenderness of both shoulders but does have tenderness of the trapezius muscle of the left shoulder. The work status was return to work with permanent prophylactic restrictions that include no kneels and squatting, no lifting greater than 10 pounds, no stooping or bending and no standing or walking more than 4 hours per day. Recommendations include orthopedic re-checks; short term anti-inflammatory agents, physical therapy not to exceed 12 visits per year; acupuncture or chiropractic not to exceed 12 visits per year and pain management injections for the neck and low back. The PR2 from dated 7/24/15 documents neck, shoulder and right hand, wrist pain as the complaint. The treatment plan is Paraffin bath, and muscle stimulator. Current requested treatments muscle stimulator (2 month x 2 months), Paraffin (2 month x 2 months).

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle Stimulator (2 Month x 2 Months): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES Devices) Page(s): 121.

Decision rationale: The patient presents with pain in the neck, shoulder and right hand/wrist. The request is for MUSCLE STIMULATOR (2 MONTH x 2 MONTHS). Physical examination to the cervical spine on 07/24/15 revealed spasm in the paraspinal muscles. Range of motion was decreased in all planes. Examination to the right hand/wrist revealed positive Tinel's and Phalen's tests. Per Request for Authorization Form dated 07/29/15, patient's diagnosis include cervical radicular and carpal tunnel. Patient is retired. MTUS Guidelines, page 121, Neuromuscular Electrical Stimulation (NMES Devices) Section has the following: "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. (Moore, 1997) (Gaines, 2004) The scientific evidence related to electromyography (EMG) - triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. Functional neuromuscular stimulation (also called electrical neuromuscular stimulation and EMG-triggered neuromuscular stimulation) attempts to replace stimuli from destroyed nerve pathways with computer-controlled sequential electrical stimulation of muscles to enable spinal cord- injured or stroke patients to function independently, or at least maintain healthy muscle tone and strength. Also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. (BlueCross BlueShield, 2005) (Aetna, 2005)" Treater has not specifically discussed this request. The patient continues with pain in the neck, shoulder and the right hand/wrist. MTUS Guidelines recommend neuro-muscular stimulators (NMES) as part of rehabilitative treatment program for stroke and other conditions, but not for chronic pain. In this case, there is no evidence that the patient has had a stroke or any other condition for which use of the requested NMES device would be indicated by guidelines. Therefore, the request IS NOT medically necessary.

Paraffin (2 Month x 2 Months): Upheld

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

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) chapter under Paraffin Wax baths.

Decision rationale: The patient presents with pain in the neck, shoulder and right hand/wrist. The request is for PARAFFIN (2 MONTH x 2 MONTHS). Physical examination to the cervical spine on 07/24/15 revealed spasm in the paraspinal muscles. Range of motion was decreased in all planes. Examination to the right hand/wrist revealed positive Tinel's and Phalen's tests. Per Request for Authorization Form dated 07/29/15, patient's diagnosis include cervical radicular and carpal tunnel. Patient is retired. ODG guidelines, Forearm, Wrist Hand (Acute & Chronic) chapter under Paraffin Wax baths 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 exercise can be recommended for beneficial short-term effects for arthritic hands. The treater has not specifically discussed this request. The patient continues with pain in the neck, shoulder and the right hand/wrist and is diagnosed with carpal tunnel syndrome. In this case, the patient does not present with complaints or symptoms indicative of arthritis or rheumatism in the hands. Without complaints or physical examination findings suggestive of hand arthritis, or a formal diagnosis of arthritis, the requested paraffin bath cannot be substantiated. Therefore, the request IS NOT medically necessary.