

Case Number:	CM15-0165918		
Date Assigned:	09/03/2015	Date of Injury:	02/26/2002
Decision Date:	10/07/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/24/2015

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 39 year old male, who sustained an industrial injury on 2-26-2002. He reported a crush injury to his right upper extremity. Diagnoses have included flail right upper extremity following crush injury. Treatment to date has included physical therapy, trans-cutaneous electrical nerve stimulation (TENS) unit and medication. According to the progress report dated 6-2-2015, the injured worker complained of right upper extremity pain. He rated his pain five out of ten. He was getting therapy for his shoulder. He reported having more numbness. Physical exam revealed flail right upper extremity. Authorization was requested for physical therapy and one year supply of paraffin wax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain in the right upper extremity. The request is for Physical Therapy x 12. Physical examination to the right upper extremity on 03/23/15 revealed decreased sensation to light touch and pinprick over the right medial forearm in the ulnar nerve distribution. Patient had decreased deep tendon reflexes involving the biceps tendon, brachioradialis and triceps tendon on the right side. Per 03/23/15 progress report, patient's diagnosis include right upper extremity, crush injury, status post multiple surgical reconstructions including failed ulnar nerve grafting; myofascial pain syndrome; atypical complex regional pain syndrome of the right upper extremity; partial paralysis with the right upper extremity. Patient's medications, per 05/04/15 progress report include Ambien, Lyrica, Seroquel, Wellbutrin, Zoloft, Avinza, Lidoderm, and Oxycodone. Per 06/02/15 progress report, patient is to remain off-work indefinitely. The MTUS Chronic Pain Management Guidelines, pages 98 and 99, Physical Medicine section, has the following: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The treater has not addressed this request; no RFA was provided either. Review of the medical records provided indicate that the patient has had unspecified sessions of physical therapy. The treater however, has documented why additional therapy is needed and why the patient cannot transition into a home-based therapy program. Furthermore, the guidelines recommend up to 10 sessions of physical therapy and the requested 12 sessions, in addition to the previous unknown sessions exceeds what is allowed by MTUS. Therefore, the request is not medically necessary.

Paraffin wax x 1 yr supply: 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), Forearm, Wrist and Hand.

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 right upper extremity. The request is for Paraffin wax x 1 yr supply. Physical examination to the right upper extremity on 03/23/15 revealed decreased sensation to light touch and pinprick over the right medial forearm in the ulnar nerve distribution. Patient had decreased deep tendon reflexes involving the biceps tendon, brachioradialis and triceps tendon on the right side. Per 03/23/15 progress report, patient's diagnosis include right upper extremity, crush injury, status post multiple surgical reconstructions including failed ulnar nerve grafting; myofascial pain syndrome; atypical complex regional pain syndrome of the right upper extremity; partial paralysis with the right upper extremity. Patient's medications, per 05/04/15 progress report include Ambien, Lyrica, Seroquel, Wellbutrin, Zoloft, Avinza, Lidoderm, and Oxycodone. Per 06/02/15 progress report,

patient is to remain off-work indefinitely. MTUS and ACOEM Guidelines do not discuss paraffin unit specifically. ODG Guidelines, Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under Paraffin wax baths Section 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 and no RFA was provided either. In this case, the patient continues with pain in right upper extremity. Patient's diagnosis includes atypical complex regional pain syndrome of the upper extremity and myofascial pain syndrome. However, treater does not discuss or document the patient with arthritic hands. The request does not meet guidelines indication for Paraffin Wax. Therefore, the request is not medically necessary.