

Case Number:	CM15-0166994		
Date Assigned:	09/04/2015	Date of Injury:	09/30/2014
Decision Date:	10/06/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/25/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 35 year old female, who sustained an industrial injury on 9-30-14. She reported pain in her bilateral wrist and hands related to repetitive motions. The injured worker was diagnosed as having bilateral wrist and forearm tendonitis and bilateral medial and lateral epicondylitis. Treatment to date has included an EMG study of the upper extremities showing no median nerve slowing and no ulnar nerve slowing, physical therapy and a left elbow cortisone injection. As of the PR2 dated 8-5-15, the injured worker reports pain in her bilateral wrists and hands. Objective findings include equal reflexes in her elbows and wrists, pain with wrist flexion and extension and a positive Tinel's sign in the left wrist. The treating physician requested physical therapy for bilateral wrist and elbows with paraffin bath x 12 sessions and Flurbiprofen 20% 30gm #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for bilateral wrists & elbows with paraffin bath QTY: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia, Medial Epicondylalgia, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand section, Paraffin wax baths.

Decision rationale: The MTUS ACOEM Guidelines state that physical therapy may be attempted for forearm tendonitis or epicondylitis, however, if after 2-3 sessions, there is no benefit, and then these should be discontinued or modified. Up to 12 supervised sessions of physical therapy may be completed for severe cases that have showed clear benefit after the first few sessions trialed. The MTUS ACOEM Guidelines also state that for wrist injuries, heat application at home may be helpful to increase mobility and decrease pain before or after exercise and is generally recommended. The use of simple heat packs was mentioned and not paraffin wax baths. The ODG states that the 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). It is not clear that wax baths are superior to simpler methods of applying heat, however. In the case of this worker, occupational therapy has already been completed and this is a request for additional physical therapy for a flare-up. Even considering this is a flare-up, the request for 12 sessions is excessive and 3 sessions would be more appropriate to afterwards reassess and find if additional sessions would be warranted. Wax baths are not recommended for heat therapy and are more elaborate than medically necessary. Therefore, considering these factors, the request will be considered medically unnecessary.

Flurbiprofen 20% 30gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (Diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, there was report of the worker using ibuprofen. The prescription of a topical NSAID on top of an oral NSAID is not medically necessary. Also, this compounded flurbiprofen is not FDA approved for chronic pain use. Therefore, this request will be considered as medically unnecessary.

