

Case Number:	CM15-0189274		
Date Assigned:	10/01/2015	Date of Injury:	03/19/2015
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/25/2015

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: Arizona, California

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 49 year old female who sustained an industrial injury on 03-19-2015. Report dated 07-03-2015 indicates that the injured worker is being treated for cervical spine discopathy, lumbar spine discopathy, thoracic spine sprain-strain, right shoulder sprain-strain, bilateral elbow sprain-strain, and right wrist-hand sprain-strain with tendonitis, right shoulder tear, bilateral leg pain, and right carpal tunnel syndrome. Previous treatments included medications, chiropractic, exercises, acupuncture, and psychological evaluation and treatment. Presenting with complaints that included cervical spine pain with radiation to the right shoulder, thoracic spine pain, lumbar spine pain, right shoulder pain, right elbow pain, left elbow pain, right hand pain, bilateral leg pain, headache, and sleep difficulties. Physical examination performed on 07-03-2015 revealed moderate tenderness over area of complaint, previously positive MRI results, positive NCV-EMG, positive orthopedic tests. Of note some of this report was hard to decipher. The utilization review dated 09-03-2015, non-certified the request for paraffin wax system for purchase, cold unit for purchase, and moist heat pad for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin wax system for 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 (ODG), Forearm, Wrist & Hand (updated 06/29/15) - Online Version, 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) Hand chapter and pg 27.

Decision rationale: According to the guidelines, Paraffin is an option along with exercise for arthritic hands. In this case the claimant has no history of arthritis but rather strains in the hands and elbows. The request for the Paraffin is not medically necessary.

Cold unit for 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 (ODG), Shoulder (updated 05/04/15) - Online Version, Continuous-Flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Elbow Complaints 2007, Section(s): Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Physical Methods.

Decision rationale: According to the guidelines, cold therapy can be used in the initial phase of injury or for a short course up to 7 days after surgery. In this case, the injury is remote There was no surgery. Long-term use is not indicated. As a result, the request for purchase of a cold unit is not medically necessary.

Moist heat pad for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Elbow Complaints 2007, Section(s): Recommendations, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods, Initial Care.

Decision rationale: According to the guidelines, heat is an option after the initial few days of injury. In this case, the injury was remote. The indefinite use is not justified. The heat unit is an option and not a medical necessity. The request to purchase the heat pad is not medically necessary.