

Case Number:	CM15-0192023		
Date Assigned:	10/06/2015	Date of Injury:	02/25/2013
Decision Date:	11/18/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	09/29/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 57-year-old who has filed a claim for chronic wrist, forearm, elbow, shoulder, and neck pain reportedly associated with an industrial injury of February 20, 2013. In Utilization Review report dated September 28, 2015, the claims administrator failed to approve requests for paraffin home unit device. The claims administrator referenced a September 23, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On September 23, 2015, the applicant reported ongoing complaints of bilateral hand pain, 3-4/10. The attending provider stated that paraffin therapy administered in clinic had attenuated the applicant's pain complaints and that a home unit was therefore being prescribed and/or dispensed. The applicant was also using oral fenoprofen, Tylenol, and LidoPro, it was stated. The applicant had multiple pain generators to include neck, shoulder, hands and wrists. The applicant's stated diagnoses include those of rotator cuff tear, cervical strain, cervical radiculopathy, shoulder impingement syndrome, de Quervain's tenosynovitis, and medial epicondylitis. The applicant was asked to continue with TENS unit and obtain a paraffin bath at issue. The applicant was given a rather proscriptive 10-pound lifting limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin home unit for the left hand: 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 Chapter, Paraffin wax baths.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Hand and Wrist, Paraffin wax baths.

Decision rationale: No, the request for a paraffin home unit was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, passive modalities such as a paraffin home unit in question should be employed "sparingly" during the chronic pain phase of treatment. Here, however, the attending provider's request for multiple such passive modalities on the September 23, 2015 date of service at issue, including the paraffin device, a TENS unit, topical compounds such as LidoPro, etc., ran counter to the velocity espoused on page 98 of the MTUS Chronic Pain Medical Treatment Guideline to employ such passive modalities "sparingly" during the chronic pain phase of treatment and also ran counter to MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 271, which notes that passive modalities such as the paraffin device are deemed "not recommended." While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 271 does acknowledge that at-home applications of heat are "optional," by implication/analogy, the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 271 does not recommend more elaborate devices such as a paraffin home unit for delivering heat therapy, as was seemingly proposed here. While ODG's forearm, hand, and wrist chapter does acknowledge that paraffin devices are recommended as an option for arthritic hands if employed as an adjunct to an exercise program, here, however, the September 23, 2015 office visit made no mention of the applicant's carrying a diagnosis of hand arthritis. Rather, it appears that the applicant carried diagnoses of de Quervain's tenosynovitis, medial epicondylitis, etc., i.e., the diagnoses for which paraffin devices are not explicitly recommended, per ODG. Therefore, the request was not medically necessary.