

Case Number:	CM15-0211238		
Date Assigned:	10/30/2015	Date of Injury:	09/04/2012
Decision Date:	12/11/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old, female who sustained a work related injury on 9-4-12. A review of the medical records shows she is being treated for right shoulder, right wrist and neck pain. In the progress notes dated 8-27-15, 9-10-15 and 9-16-15, the injured worker reports neck, right shoulder and right wrist pain. She reports right hand numbness and weakness. She notes "improvement in right shoulder pain with physical therapy." She rates her pain level a 6 out of 10. Trigger point injections have decreased pain and improves range of motion in neck. She reports the medications help decrease pain by 50%. TENS unit therapy and cold therapy also help pain. On physical exam dated 9-16-15, she has decreased neck and right shoulder range of motion. She has mild edema in right forearm. She has paraspinal muscle spasms. Right wrist carpal tunnel is tender to palpation. Treatments have included physical therapy-unknown number of sessions, acupuncture, TENS unit therapy, right shoulder surgery in 9-2013, trigger point injections, right wrist surgery on 12-16-13, medications, psychotherapy, and home exercises. Current medications include Naproxen, Omeprazole, Lunesta and Lidopro cream. She is working modified duty. The treatment plan includes requests for physical therapy to right shoulder and a paraffin treatment to right wrist. The Request for Authorization dated 9-16-15 has requests for paraffin treatment to right wrist, physical therapy to right shoulder and a request for another medical provider's evaluation. In the Utilization Review dated 9-30-15, the requested treatments of paraffin treatment to right wrist and physical therapy x 12 to right shoulder are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Treatment Right Wrist: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Forearm, Wrist, & Hand (Acute & Chronic), Paraffin wax baths (2) Forearm, Wrist, & Hand (Acute & Chronic), Cold/heat packs.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in September 2012. She underwent right shoulder surgery in September 2013 and a right carpal tunnel release in December 2013. When seen in September 2015 she was having neck and right shoulder and wrist pain and reported right hand numbness and weakness. Pain was rated at 6/10. There had been improvement in shoulder pain with physical therapy and with trigger point injections. She was using cold packs and TENS daily. She had discontinued gabapentin due to intolerance. She had improved sleep. Physical examination findings included tenderness with decreased neck and shoulder range of motion. Tinel's testing was positive. There were paraspinal muscle spasms and there was carpal canal tenderness with a weak grip. Authorization was requested for physical therapy for the shoulder and for a paraffin wax treatment for right wrist pain flares. There are many forms of heat therapy with varying penetration depths. Paraffin wax treatment can be effective for arthritic pain involving the hands and fingers. In this case, there is no diagnosis of hand or finger arthritis. Simple, low-tech thermal modalities such as heat and continued use of cold packs would meet the claimant's needs. The paraffin wax treatment is being requested prospectively. It is not considered medically necessary.

PT Right Shoulder Qty 12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in September 2012. She underwent right shoulder surgery in September 2013 and a right carpal tunnel release in December 2013. When seen in September 2015 she was having neck and right shoulder and wrist pain and reported right hand numbness and weakness. Pain was rated at 6/10. There had been improvement in shoulder pain with physical therapy and with trigger point injections. She was using cold packs and TENS daily. She had discontinued gabapentin due to intolerance. She had improved sleep. Physical examination findings included tenderness with

decreased neck and shoulder range of motion. Tinel's testing was positive. There were paraspinal muscle spasms and there was carpal canal tenderness with a weak grip. Authorization was requested for physical therapy for the shoulder and for a paraffin wax treatment for right wrist pain flares. In this case, the claimant has already had physical therapy. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. Providing the number of requested additional skilled physical therapy services would not reflect a fading of skilled treatments and could promote dependence on therapy provided treatments. The request is not medically necessary.