MAXIMUS Federal Services

Case Number:	CM15-0057868		
Date Assigned:	04/02/2015	Date of Injury:	08/13/2014
Decision Date:	05/08/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/26/2015

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 47-year-old male, with a reported date of injury of 08/13/2014.The diagnoses include right hand 5th digit proximal interphalangeal joint pain, right forearm strain, right foot strain, right wrist strain/sprain, right hand, referred wrist pain, and right thumb tendinitis. Treatments to date included was not indicated. The progress report 02/18/2015 indicates that the injured worker complained of right wrist pain and right hand pain. It was noted that the pain in the right forearm and foot had diminished. The objective findings include tenderness to palpation of the right hand 5th digit proximal interphalangeal joint, and normal bilateral lower extremity active range of motion. The treating physician requested massage and paraffin wax therapy and computerized range of motion of the lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage and paraffin wax therapy 2 times a week for 5 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist Hand (Acute & Chronic) chapter, Paraffin Wax Baths.

Decision rationale: The patient presents with right wrist pain and right hand pain. Treater noted that the pain in the right forearm and foot had diminished, per 02/19/15 report. The request is for MASSAGE AND PARAFFIN WAX THERAPY 2 TIMES A WEEK FOR 5 WEEKS. The diagnoses per RFA dated 12/18/14 includes right forearm strain, right foot strain, right wrist strain/sprain, right hand, referred wrist pain, and right thumb tendinitis. Per 09/02/14 report, physical examination revealed tenderness on the right brachioradialis, Flexor and extensor muscles. There is tenderness over the wrists on the palmar surface of the right wrist. Positive Tinel's sign and Phalen's sign bilaterally. Right foot has superficial venules. The patient's date of injury is 08/13/14 and there is no documentation of prior treatment or medications provided to the patient. The patient is totally temporarily disabled. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. Regarding Paraffin Baths; ODG guidelines, chapter 'Forearm, Wrist Hand (Acute & Chronic)' and topic Paraffin Wax Baths', states, "recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise)." Review of the reports does not show arthritis of the hands. Furthermore, Aetna Guidelines on heating devices states, "Aetna considers portable paraffin baths medically necessary DME for members who have undergone a successful trial period of paraffin therapy and the member's condition (e.g., severe rheumatoid arthritis of the hands) is expected to be relieved by long-term use of this modality." Treater has not provided a reason for the request. Paraffin wax is indicated by ODG for arthritic hands if used as an adjunct to a program of evidence-based conservative care. In this case, the provided medical reports do not mention arthritis for this patient. Furthermore, the request for 10 sessions of massage therapy exceeds the MTUS recommended limit of 4-6 sessions. The request for 10 sessions of massage therapy with paraffin wax, IS NOT medically necessary.

Computerized range of motion of the lower extremity: 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), low back chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Computerized ROM testing Page(s): 48. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, ROM, Flexibility.

Decision rationale: The patient presents with right wrist pain and right hand pain. Treater noted that the pain in the right forearm and foot had diminished, per 02/19/15 report. The request is for a COMPUTERIZED RANGE OF MOTION OF THE LOWER EXTREMITY. The diagnoses per RFA dated 12/18/14 includes right forearm strain, right foot strain, right wrist strain/sprain, right hand, referred wrist pain, and right thumb tendinitis. Per 09/02/14 report, physical examination of the right foot revealed superficial venules. The patient's date of injury is 08/13/14

and there is no documentation of prior treatment or medications provided to the patient. The patient is totally temporarily disabled. There are no evidence based guidelines discussions regarding computerized ROM testing. MTUS guidelines page 48 does discuss functional improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, "ROM should be documented in degrees. ODG Low Back Chapter, under ROM, Flexibility states not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. Treater has requested for a computerized range of motion and muscle testing of the lower extremities. While ODG guidelines consider ROM assessment as part of routine musculoskeletal evaluation, they do not support computerized tests as their therapeutic value is unclear. Furthermore, progress report dated 02/19/15 states the foot pain had diminished. Therefore, this request IS NOT medically necessary.