

<b>Case Number:</b>	CM15-0088875		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	02/11/2011
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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, Hawaii  
 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 62 year old male, who sustained an industrial injury on 02/11/2011. He reported an injury to the fifth digit of his left hand. The injured worker is currently working with modifications. The injured worker is currently diagnosed as having closed fracture of the phalanx (pinky), status post surgery of the left pinky, and numbness and tingling. Treatment and diagnostics to date has included surgical fixation of the left fifth digit proximal phalanx fracture, left hand x-rays, therapy, home exercise program, and medications. In a progress note dated 04/28/2015, the injured worker presented with complaints of left hand pain. The treating physician reported requesting authorization for paraffin bath trial for the left hand, x-ray of the left hand, and electromyography/nerve conduction studies of the right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paraffin bath trial left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, wrist, and hand chapter, paraffin wax baths.

**Decision rationale:** The available medical records appear to indicate persistent pain in the left hand. The current request is for paraffin bath left hand. Regarding paraffin wax for the hand, ODG guidelines 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." In this case, given that the patient does not present with arthritic hands, but is rather status-post fracture, use of paraffin wax does not appear indicated and the records do not establish medical necessity. As such, the current request is not medically necessary.

**X-ray of the left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

**Decision rationale:** The available medical records appear to indicate persistent pain in the left hand. The current request is for x-ray left hand. The ACOEM Guidelines Chapter 11 on Forearm, Wrist and Hand Complaints page 268 regarding x-rays of the wrist and hand states, for most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 weeks period of conservative care and observation. Furthermore, ODG states that for most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides an adequate diagnostic information and guidance to the surgeon. In this case, x-rays were performed and the diagnosis of fracture was established. It is now two years post surgery and the patient continues to report pain. There is no discussion of new or recent injury. There is no discussion or rationale for the current request. As such, the documentation does not establish medical necessity and the request is not medically necessary.

**EMG of right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 261-262.

**Decision rationale:** The available medical records appear to indicate persistent pain in the left hand. The current request is for EMG upper extremity. According to ACOEM, History and

physical examination should contain symptom complaints and objective findings with medical rationale to support treatment requests. In this case, there are no subjective or objective complaints or findings which would support medical necessity of an EMG/NCV study at this time. The patient sustained a crush injury and suffered a fracture. The injury was over two years ago. Currently there is no discussion regarding radiculopathy, peripheral neuropathy, or diabetic neuropathy or the need to differentiate between them. The current documentation provides no support or rationale for the above request. As such, medical necessity has not been met and the request is not medically necessary.

**NCV of right upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 261-262.

**Decision rationale:** The available medical records appear to indicate persistent pain in the left hand. The current request is for NCV upper extremity. According to ACOEM, History and physical examination should contain symptom complaints and objective findings with medical rationale to support treatment requests. In this case, there are no subjective or objective complaints or findings which would support medical necessity of an EMG/NCV study at this time. The patient sustained a crush injury and suffered a fracture. The injury was over two years ago. Currently there is no discussion regarding radiculopathy, peripheral neuropathy, or diabetic neuropathy or the need to differentiate between them. The current documentation provides no support or rationale for the above request. As such, medical necessity has not been met and the request is not medically necessary.