

Case Number:	CM13-0032529		
Date Assigned:	12/11/2013	Date of Injury:	10/03/2006
Decision Date:	01/22/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45-year-old female who reported an injury on 10/03/2006. The patient is currently diagnosed with reflex sympathetic dystrophy of the upper limb, carpal tunnel syndrome, chronic pain syndrome, and depressive disorder. The patient was evaluated on 04/30/2013 with complaints of bilateral upper extremity pain. Physical examination revealed diffuse edema to the right lateral malleolus, bilateral feet cold to touch, and a left arm brace. The patient's left hand was also noted to be hyperemic in color compared to the right. Treatment recommendations included continuation of current medications with the exception of Cymbalta, Flector patch, and Lidoderm patch. Bilateral braces were also requested for the forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Bath Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Paraffin.

Decision rationale: The Physician Reviewer's decision rationale: The Official Disability Guidelines state paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care including exercise. As per the clinical notes submitted, there is no documentation of a diagnosis including osteoarthritis. Therefore, the patient does not currently meet criteria as outlined by the Official Disability Guidelines for paraffin wax baths. As such, the request for Paraffin Bath Therapy is non-certified.

Bilateral wrist braces that are more flexible: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Immobilization (treatment).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state initial treatment of carpal tunnel syndrome should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. The Official Disability Guidelines state immobilization treatment is not recommended as a primary treatment for undisplaced fractures or sprains, but recommended for displaced fractures. As per the clinical notes submitted, there is no indication as to why this patient requires braces that are more flexible. It is unclear whether the patient would medically benefit from the use of a brace. The medical necessity for the requested equipment has not been established. As such, the request for bilateral wrist braces that are more flexible is non-certified.