

Case Number:	CM14-0133076		
Date Assigned:	08/22/2014	Date of Injury:	06/04/2012
Decision Date:	09/25/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/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:

This is 45-year-old female who reported an industrial injury on 6/4/2012, over two (2) years ago, attributed to the performance of her job tasks reported as slipping on scrap metal and falling against a fresh weld that burned her right hand. The patient is diagnosed with lumbar sprain; neck sprain; wrist sprain; and status post right carpal tunnel release and has received physical therapy, medications, and activity modifications. The patient was reported to have recently completed eight sessions of hand therapy to the right wrist with no significant improvement in her symptoms. She complained of pain at the volar aspect of the bilateral wrists right greater than left. The patient reported paresthesias at night even though she wears her splints nightly as well as reporting neck pain radiating to the left trapezius. The objective findings on examination included tenderness to palpation of the left paravertebrals to the cervical spine and greater occiput bilaterally; Finkelstein's test positive bilaterally; decreased sensation on the left in the C5 and C6 dermatome distribution. The treatment plan included laboratory tests which included rheumatoid factor; C-reactive protein; anti-nuclear antibodies; and thyroid stimulating hormone; eight additional sessions of physical therapy to the cervical spine and wrists; and purchase of a paraffin wax bath with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab tests to include rheumatoid factor(RF): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: general disciplinary guidelines for the practice of medicine.

Decision rationale: The request by the treating physician for a rheumatoid factor is a screening test used to evaluate for the potential of a rheumatoid arthritis or autoimmune disease. Screening test is directed to co-morbidity of the patient and not for the effects of the industrial injury. There was no rationale supported by objective evidence to support the medical necessity of the requested rheumatoid factor. The requesting physician did not provide a rationale of how the results of a rheumatoid factor would affect the treatment plan for the reported injury to the wrists and cervical spine. The request for Lab tests to include rheumatoid factor (RF) is not medically necessary and appropriate.

Lab test: C-reactive protein (CRP): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: disciplinary guidelines for the general practice of medicine.

Decision rationale: The request by the treating physician for a C-reactive protein is a screening test used to evaluate for the potential of an inflammatory process. This screening test is directed to co-morbidity of the patient and not for the effects of the industrial injury. There was no rationale supported by objective evidence to support the medical necessity of the requested C-reactive protein. The requesting physician did not provide a rationale of how the results of the test for the C-reactive protein would affect the treatment plan for the reported injury to the wrists and cervical spine. The request for Lab test: C-reactive protein (CRP) is not medically necessary and appropriate.

Lab test: Antinuclear antibodies(ANA): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: disciplinary guidelines for the practice of medicine.

Decision rationale: The request by the treating physician for an anti-nuclear antibody is a screening test used to evaluate for the potential of a rheumatoid arthritis or autoimmune disease. Screening test is directed to co-morbidity of the patient and not for the effects of the industrial

injury. There was no rationale supported by objective evidence to support the medical necessity of the requested anti-nuclear antibody. The requesting physician did not provide a rationale of how the results of a rheumatoid factor would affect the treatment plan for the reported injury to the wrists and cervical spine. The request for Lab test: Antinuclear antibodies (ANA) are not medically necessary and appropriate.

Lab test: Thyroid stimulating hormone (TSH): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: disciplinary guidelines for the practice of medicine.

Decision rationale: The request for authorization of the thyroid-stimulating hormone was a screening examination directed to the status of the thyroid. The results of an elevated or lowered TSH would demonstrate the diagnosis of hypothyroidism or hyperthyroidism. There is no demonstrated nexus to the cited mechanism of injury. There is no rationale supported with objective evidence by the requesting physician to demonstrate medical necessity for the treatment of this patient. The request for Lab test: Thyroid stimulating hormone (TSH) is not medically necessary and appropriate.

Physical therapy for the bilateral wrists and cervical spine QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page 114; Chapter 9 page 203-04 Official Disability Guidelines (ODG) neck and upper back section--PT; lower back--PT; shoulder--PT; knee PT; and forearm, hand, wrist PT.

Decision rationale: There was no evidence that the patient could not perform strengthening and conditioning exercises in a self-directed home exercise program. There were no objective findings that supported the medical necessity of additional PT over the recommendations of the CA MTUS or over the recommended self-directed home exercise program for the cervical spine and bilateral wrists. The patient is not documented to have weakness and muscle atrophy. The patient is documented only to have TTP and diminished ROM. The patient received substantial postoperative PT and regular PT for the neck and wrists. The patient has received ongoing sessions of PT for the industrial injury and has exceeded the number of sessions and time period for rehabilitation recommended by the CA MTUS. The CA MTUS recommends nine to ten (9-10) sessions of physical therapy over 8 weeks for the lumbar/cervical spine for sprain/strains, degenerative disc disease, or lumbar radiculopathies. The CA MTUS recommend up to nine (9) sessions of physical therapy for wrist strains over 8 weeks and up to 12 sessions over 8 weeks for

de Quervain's tenosynovitis with integration into a home exercise program. The recommended number of sessions of physical therapy for CTS is 3-5 sessions with integration into a self-directed home exercise program. The patient has exceeded the recommendations of the CA MTUS for treatment of the neck and bilateral wrists. The patient has received prior sessions of physical therapy directed to the cervical spine and bilateral wrists and should be in a HEP. The subsequent conditioning and strengthening is expected to be accomplished with the self-directed home exercise program. There is no objective evidence provided to support the medical necessity of additional PT over the number recommended by the CA MTUS. The requested eight (8) additional sessions of PT represents maintenance care and is not medically necessary.

Paraffin wax machine and supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Paraffin baths.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter medications for chronic pain; forearm, hand, wrist chapter-paraffin wax bath.

Decision rationale: The clinical documentation demonstrates no objective evidence to support the medical necessity of a paraffin wax bath treatment or purchase directed to the upper extremity two (2) years s/p DOI. There are no evidence-based guideline recommendations for the treatment of UE strains/contusions with paraffin wax baths over the available alternatives for the application of heat. Evidence-based guidelines recommend the use of alternative forms of heat over the requested use of paraffin wax treatments. There is no demonstrated medical necessity for the application of paraffin wax treatments to the hands and wrists two (2) years after the date of injury. There is no demonstrated exacerbation/aggravation of the underlying rheumatoid arthritis from the effects of the industrial injury over two years ago. There are no recommendations for the paraffin wax bath for wrist or hand sprain/strains or tenosynovitis/CTS. The patient has readily available alternatives for the applications of heat. The use of a paraffin wax bath is not recommended for treatment of hand strains or contusion as it is consistent with older methodologies for the treatment of Rheumatoid Arthritis. The use of the paraffin wax bath was requested as an application of heat; however, there is no medical necessity for the treatment of the hands and wrists with a paraffin wax bath at home, as many alternatives for the delivery of heat are available including washing dishes in warm water. The use of the Paraffin Wax Bath Unit is not supported with objective medically based evidence and is not recommended for use by the CA MTUS, ACOEM Guidelines, or the Official Disability Guidelines for the treatment of the diagnoses documented in the treatment of the patient. The rehabilitation of the wrists and hands does not require the use of a Paraffin Wax bath generally used for the treatment of Rheumatoid arthritis. There is no evidence provided by that the patient cannot rehabilitate the hands/wrists with the readily available methods of heat application. There is insufficient objective evidence provided to override the recommendations of the currently accepted evidence-based guidelines. The paraffin wax unit is an older form of treatment for rheumatoid arthritis and is a form of heat application for the hands. The use of a Paraffin wax unit for this

patient is not supported with objective evidence to demonstrate the medical necessity of this type of heat application for the treatment of injuries to the hands/wrists. The treating diagnosis is not consistent with the use of the paraffin wax unit, and there are many alternatives available for the application of heat to the hands and wrists. The same effect can be accomplished through the use of the hands and washing dishes in warm water at home. There is no demonstrated medical necessity for the use of a home paraffin wax bath over the available alternatives for the application of heat. The alternative methods for applying heat to the hands/wrists are readily available and the application of heat is not dependent upon the Paraffin Wax Bath requested. The availability of multiple alternatives for the applications of heat demonstrates that the requested Paraffin Wax Bath is not medically necessary.