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| Case Number: | CM14-0144398 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 09/04/2012 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 09/05/2014 |
| Priority: | Standard | Application Received: | 09/05/2014 |

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic hand pain reportedly associated with an industry injury of September 4, 2012. Thus far, the applicant has been treated with analgesic medications; a cane; a TENS unit; topical agents; earlier carpal tunnel release surgery; and unspecified amounts of acupuncture and physical therapy over the course of the claim. In a September 5, 2014 Utilization Review Report, the claims administrator approved a request for Relafen while denying a paraffin wax treatment in the office setting. The claims administrator incidentally noted that the applicant had alleged hand pain secondary to cumulative trauma at work. The applicant's attorney subsequently appealed. In an October 23, 2014 progress note, the applicant represented with persistent complaints of shoulder pain. Ten sessions of physical therapy were sought while the applicant was placed off of work, on total temporary disability. In a February 7, 2014 Doctor's First Report (DFR), the applicant apparently transferred care to a new primary treating provider and was given a rather proscriptive 10-pound lifting limitation. In a February 24, 2014 progress note, the applicant was given a diagnosis of radial stellate tenosynovitis and carpal tunnel syndrome. An extremely proscriptive 2-pound lifting limitation was endorsed, which the treating provider acknowledged that the employer was unable to accommodate. Ten sessions of hand therapy were sought. Electrodiagnostic testing of February 12, 2014 was notable for a C6 cervical radiculopathy. On May 15, 2014, the applicant was asked to continue acupuncture, ultrasound therapy, Trazodone, Omeprazole, and Topiramate. The applicant was not working, it was acknowledged. In a July 14, 2014 progress note, the applicant was again given a rather proscriptive 10-pound lifting limitation. The applicant was not working, it was acknowledged. 7/10 pain was noted. The applicant was again asked to continue Topiramate, Omeprazole, Prilosec, LidoPro, physical therapy, and a TENS unit. In an August 26, 2014 progress note, paraffin wax treatment, TENS

therapy, Relafen, and Topiramate were endorsed. The applicant was not working, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin wax treatment in office to the right hand: 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), Forearm, wrist and hand chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, passive modalities such as paraffin wax treatment should be employed "sparingly" during the chronic pain phase of a claim. In this case, no rationale for selection of so many different passive modalities, namely electrical stimulation in the office setting, therapeutic ultrasound in the office setting, and the proposed paraffin wax treatment has been furnished by the attending provider in the face of the unfavorable MTUS position on the same. The attending provider failed to outline how this and other passive modalities would advance treatment and/or the applicant's activity level. Therefore, the request is not medically necessary.