

Case Number:	CM14-0091339		
Date Assigned:	07/25/2014	Date of Injury:	10/17/2013
Decision Date:	09/19/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/17/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 52-year-old female who reported an injury on 10/17/2013, the mechanism of injury was not provided. On 01/08/2014, the injured worker presented with complaints of knee pain and pain in the shoulder that radiates to the neck and upper back. Upon examination, there was right knee weakness and tenderness. Much of this note was handwritten and largely illegible. The diagnoses were right knee signs and symptoms. Prior treatment included a topical compounded cream. The provider recommended a paraffin bath, chiropractic treatment and a urine drug screen, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Bath: 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 & Hand (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist and Hand, Paraffin.

Decision rationale: The request for a Paraffin bath is not medically necessary. The Official Disability Guidelines recommend paraffin wax baths as an option for arthritic hands if used as an adjunct to a program of evidence based conservative care including exercise. According to Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodological considerations such as the poor quality of trials. The injured worker does not have a diagnosis congruent with the guideline recommendations for paraffin bath. Additionally, there is lack of documentation that the injured worker participating in an exercise program that would therefore be used as an adjunct to the paraffin wax baths. The provider's request does not indicate whether the paraffin bath was to be rented or purchased and the sites of the paraffin bath it was indicated for was not provided in the request as submitted. As such, the request is not medically necessary.

Right Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: The request for right knee brace is not medically necessary. The California MTUS/ACOEM Guidelines state right knee brace is recommended only if needed for meniscus tear, collateral ligament strain or cruciate ligament tear. There is lack of documentation that the injured worker has a diagnosis congruent with the guideline recommendation for right knee brace. Additionally, there is lack of physical examination that provides objective functional deficits related to the right knee in the medical documents provided. As such, the request is not medically necessary.

Chiropractic x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation and Therapy Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

Decision rationale: The request for chiropractic x12 is not medically necessary. The California MTUS Guidelines state that the chiropractic care for chronic pain if caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. There is lack of documentation indicating the injured worker had significant objective functional improvement with prior therapy. Additionally, there is lack of a physical examination finding that

demonstrates objective functional deficits of the injured worker. The provider's request does not indicate the site that the chiropractic therapy is intended for or the frequency of visits in the request as submitted. As such, the request is not medically necessary.

Urine Tox Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

Decision rationale: The request for urine tox screen is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. They may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. There is also no evidence of opioid use. As such, the request is not medically necessary.