

Case Number:	CM15-0015101		
Date Assigned:	02/03/2015	Date of Injury:	10/01/2013
Decision Date:	03/23/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 25 year old female, who sustained an industrial injury on October 1, 2013. She has reported bilateral wrist pain. The diagnoses have included bilateral wrist pain, bilateral carpal tunnel syndrome, and tenosynovitis of the wrist. Treatment to date has included physical therapy, paraffin wax treatments, medications, and imaging studies. A progress note dated December 16, 2014 indicates a chief complaint of continued bilateral wrist pain. Physical examination showed bilateral wrist tenderness and painful range of motion and decreased sensation. The treating physician is requesting physical therapy for six sessions, ultrasound of the bilateral wrists, and paraffin wax. On January 5, 2015 Utilization Review denied the request citing the MTUS, chronic pain medical treatment guidelines, ACOEM Guidelines, and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy times 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Physical Therapy Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Pain section, Physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 2 to 3 times per week for 6 to 8 weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are bilateral wrist pain; bilateral carpal tunnel syndrome; and tenosynovitis of the wrist. The treating physician indicates the injured worker completed a course of physical therapy. The documentation shows the injured worker completed the 6th session of physical therapy on November 7, 2014. The documentation indicates the injured worker has "good progress". The guidelines state: "When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The documentation does not contain compelling clinical facts warranting additional physical therapy. Consequently, absent compelling clinical documentation indicating additional physical therapy is indicated, physical therapy 2 to 3 times per week for 6 to 8 weeks is not medically necessary.

Ultra sound bilateral wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome; Ultrasound

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, wrist and hand, Ultrasound

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, ultrasound to the bilateral wrists is not medically necessary. The ACOEM states physical methods/modalities massage, diathermy, ultrasound and tens show no proven efficacy. The ODG does not recommend therapeutic ultrasound. In this case, the injured worker's working diagnoses are bilateral wrist pain; bilateral carpal tunnel syndrome; and tenosynovitis of the wrist. The guidelines do not recommend ultrasound for forearm, wrist and hand disorders. The ACOEM states physical methods (ultrasound) shows no proven efficacy. Consequently, absent guideline recommendations to support ultrasound bilateral wrist, ultrasound bilateral wrist is not medically necessary.

Paraffin wax: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist and Hand Chapters; Paraffin was baths

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

Decision rationale: Pursuant to the Official Disability Guidelines, paraffin wax is not medically necessary. Paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to program of evidence-based conservative care (exercise). Paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. In this case, the injured worker's working diagnoses are bilateral wrist pain; bilateral carpal tunnel syndrome; and tenosynovitis of the wrist. Paraffin wax is indicated for arthritis of the hands if used as an adjunct or program of evidence-based conservative care (exercises). Osteoarthritis is not a clinical entity in this injured patient. Consequently, absent clinical documentation to support the use of a paraffin wax bath, paraffin wax is not medically necessary.