

Case Number:	CM15-0110403		
Date Assigned:	06/16/2015	Date of Injury:	04/24/2003
Decision Date:	07/15/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/08/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 59 year old female who sustained an industrial injury on 04/24/2003. The mechanism of injury and initial report are not found in the records reviewed. The Injured Worker was diagnosed as having situation post medial lateral epicondylectomy; situation post right cubital tunnel release; cervical sprain /strain. She complains of neck pain and a tingling sensation radiating to both arms with muscle weakness. Symptoms change with position and are worse in weight bearing upright position. A MRI on 03/23/2015 noted straightening of the cervical spine, early disc desiccation throughout the cervical spine, and C6-7 diffuse disc protrusion effacing the thecal sac. C7 existing nerve roots are unremarkable. Treatment to date has included diagnostics including Electromyography, surgical intervention and medications. Currently, the injured worker complains of continued pain to neck shoulder and arm pain. Pain is aggravated by activities of daily living such as lifting, pulling, and pushing. Examination shows range of motion of the right shoulder to be: Flexion 140 degrees, abduction 140 degrees, extension 40 degrees, adduction 50 degrees, internal rotation 80 degrees, and external rotation 70 degrees. Tenderness is present at the rotator cuff. The left elbow has flexion of 135 degrees, full extension, pronation and supination each of 80 degrees, all with pain. Tenderness is noted at the lateral epicondyle. The right wrist range of motion is: Flexion 50 degrees, extension 45 degrees, radial deviation 15 degrees, and ulnar deviation of 20 degrees. There is tenderness over the radial ulnar junction and positive Phalen's and Tinel's tests. The treatment plan includes medications of Motrin, Aciphex and Ultram and requests for authorization of the following:

Paraffin wax unit right upper extremity/cervical spine; Cervical pillow right upper extremity/cervical spine; and Right low profile soft wrist brace right upper extremity/cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin wax unit right upper extremity/cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC), online edition, Chapter: 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), Forearm, Wrist, & Hand, Paraffin Wax Baths, page 172.

Decision rationale: ODG states the paraffin wax bath is recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a 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. Submitted reports have not adequately demonstrated support or medical indication for this paraffin unit. The Paraffin wax unit right upper extremity/cervical spine is not medically necessary or appropriate.

Cervical pillow right upper extremity/cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC, Online Edition, Chapter: Neck and Upper Back (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), Pillow, page 626.

Decision rationale: Although MTUS, ACOEM Guidelines do not specifically address or have recommendations for this DME, other guidelines such as ODG and Aetna's contractual definition of durable medical equipment (DME) in that they are not durable and because they are not primarily medical in nature and not mainly used in the treatment of disease or injury. It further states "Cushions may be covered if it is an integral part of, or a medically necessary accessory to, covered DME" such as seat cushions for required wheelchairs in prevention of decubiti. Regarding sleeping pillows (ergonomic pillows, orthopedic pillows, orthopedic foam wedges) (e.g., Accu-Back Ergonomic Sleeping Pillow, Core Pillow, Mediflow Waterbase Pillow), a number of specialized pillows and cushions have been used for cushioning and positioning in the treatment of decubiti, burns, musculoskeletal injuries and other medical conditions. Aetna does not generally cover pillows and cushions, regardless of medical necessity, because they do not meet Aetna's definition of covered durable medical equipment, in that pillows and cushions are not made to withstand prolonged use. In addition, most pillows and cushions are not primarily medical in nature, and are normally of use to persons who do not have a disease or injury. ODG

states the cervical pillow may be appropriate in conjunction with daily exercise treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep as either strategy alone did not give the desired clinical benefit. Submitted reports have not demonstrated support for this DME per above references. The Cervical pillow right upper extremity/cervical spine is not medically necessary or appropriate.

Right low profile soft wrist brace right upper extremity/cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC, Online Edition, Chapter: Forearm, Wrist & Hand (Acute & Chronic), Splints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chapter 11 Forearm-Wrist-Hand Complaints, Wrist Brace, page 265.

Decision rationale: In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is required to maintain certain immobilization or assist in functional activity. The patient has complaints to the neck and elbow s/p elbow surgery; however, there are no documented reports regarding specific neurological deficits of the wrist or diagnosis involving a wrist disorder. There is no clinical exam or findings for any wrists issues that would support the wrist braces. ACOEM Guidelines support splinting as first-line conservative treatment for CTS, DeQuervain's, Strains; however, none have been demonstrated to support for this wrist brace. The Right low profile soft wrist brace right upper extremity/cervical spine is not medically necessary or appropriate.