

Case Number:	CM15-0117323		
Date Assigned:	06/25/2015	Date of Injury:	01/06/2015
Decision Date:	07/27/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/17/2015

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: Preventive Medicine, Occupational 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 55 year old female, who sustained an industrial injury on 1/06/2015. Diagnoses include lumbar spine, thoracic spine and cervical spine discopathy per magnetic resonance imaging (MRI), left shoulder internal derangement, right shoulder sprain/strain, right and left knee sprain/strain and right and left hand sprain/strain. Treatment to date has included diagnostics, bracing, heat and cold application and medications. Per the handwritten Primary Treating Physician's Progress Report dated 4/20/2015, the injured worker reported pain in the neck, mid back, low back, bilateral shoulders and bilateral knees. Physical examination revealed moderate tenderness and spasm over the cervical spine, lumbar spine and thoracic spine paraspinals, right and left shoulders, knees, hands with restricted ranges of motion. There was a positive straight leg raise and positive Valgus/Varus. The plan of care included chiropractic care and functional capacity evaluation. Authorization was requested on 4/21/2015 for a right wrist arthrogram, paraffin wax system, Bio touch and a right wrist brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Arthrogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG Forearm, Wrist, & Hand Chapter (updated 05/11/15) Arthrography.

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 and Hand Chapter/Radiography Section.

Decision rationale: MTUS guidelines do not address the use of wrist arthrogram specifically, therefore, other guidelines were consulted. Per ODG, imaging of the wrist is recommended as indicated below. For most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon. However, in one large study, wrist fractures, especially those of the distal radius and scaphoid, accounted for more delayed diagnoses than any other traumatized region in patients with initial normal emergency room radiographs. Thus, when initial radiographs are equivocal, or in the presence of certain clinical or radiographic findings, further imaging is appropriate. This may be as simple as an expanded series of special views or fluoroscopic spot films; or may include tomography, arthrography, bone scintigraphy, computed tomography (CT), or magnetic resonance (MR) imaging. For inflammatory arthritis, high-resolution in-office MRI with an average followup of 8 months detects changes in bony disease better than radiography, which is insensitive for detecting changes in bone erosions for this patient population in this time frame. Standard x-rays are the first step in sports injuries. Although arthrography is still the reference for the diagnosis of intrinsic ligament and cartilaginous lesions, MRI can sometimes be sufficient. Ultrasonography is a dynamic process and is accurate in detecting tendon injuries. In this case, the only finding on physical exam is tenderness of the wrist and hand and no basic imaging studies have been performed prior to the request for arthrogram. The request for right wrist arthrogram is determined to not be medically necessary.

Paraffin Wax System: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Forearm, Wrist, & Hand Chapter (updated 05/11/15).

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 and Hand Chapter/Paraffin Wax Baths Section.

Decision rationale: The MTUS guidelines do not address the use of paraffin wax baths, therefore, alternative guidelines were consulted. Per the ODG, paraffin wax baths are 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. In this case, there is no indication that the injured worker suffers from arthritis or that

the use of paraffin wax baths will be combined with an exercise program. The request for paraffin wax system is determined to not be medically necessary.

Bio Touch: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter/Durable Medical Equipment (DME) Section.

Decision rationale: MTUS guidelines do not address the use of durable medical equipment, therefore, alternative guidelines were consulted. Per the ODG, DMEs are recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. In this case, there is no indication of why the physician is requesting a bio touch system or why the patient would benefit from its use. The request for Bio Touch is determined to not be medically necessary.