

Case Number:	CM15-0119169		
Date Assigned:	06/29/2015	Date of Injury:	05/17/2012
Decision Date:	09/22/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/19/2015

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, Hawaii

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 is a 47-year-old male, who sustained an industrial injury on May 17, 2012. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included occupational therapy, home exercise program, medication, surgery and injection. Currently, the injured worker complains of left thumb pain. The injured worker is currently diagnosed with hand-wrist tenosynovitis. His work status is modified duty. A progress noted dated October 3, 2014, states the injured worker experienced temporary relief from the injection. A physical therapy note dated May 6, 2015, states the injured worker is experiencing improved range of motion. A note dated May 18, 2015, states the injured worker experienced efficacy from the H-wave unit and paraffin wax during occupational therapy. The following, H-wave unit, adhesive pulse patches, paraffin bath unit and 3 pounds of wax beads, disposable plastic liners and 2 hand mitts are requested to continue to provide the injured worker the improved ability to engage in home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation Page(s): 117.

Decision rationale: The patient presents with pain affecting the left thumb. The current request is for H-Wave Unit. The treating physician report dated 5/18/15 (30B) states, "The patient has shown improvement in therapy with the use of Paraffin and H-wave electrical stimulation. It is felt that provision of these for a home exercise program will hasten his recovery and authorization is recommended." MTUS guidelines regarding H-Wave devices page 117 state a 30 trail may be recommended "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The medical reports provided show the patient has received physical therapy and ongoing home exercise. After further review, the reports provided do not show that the patient has had a 30-day trial of an H-wave unit. In this case, there is no discussion or documentation of failed TENS treatment by the treating physician or in the physical therapy reports as required by the MTUS guidelines. Furthermore, while a 30-day trial may be supported, the current request does not specify a duration in which the patient would be using the H-wave unit and the purchase of an H-wave unit without documentation of a successful 30-day trial is not supported. The current request is not medically necessary.

Adhesive Pulse Patches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation Page(s): 117.

Decision rationale: The patient presents with pain affecting the left thumb. The current request is for Adhesive Pulse Patches. The treating physician report dated 5/18/15 (30B) states, "The patient has shown improvement in therapy with the use of Paraffin and H-wave electrical stimulation. It is felt that provision of these for a home exercise program will hasten his recovery and authorization is recommended." In this case, since the request for an H-wave electrical stimulation unit is not medically necessary, the current request for Adhesive Pulse Patches is not medically necessary.

Paraffin bath unit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Guidelines for forearm, wrist, & Hand (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Forearm, Wrist and Hand chapter, Paraffin wax.

Decision rationale: The patient presents with pain affecting the left thumb. The current request is for Paraffin bath unit. The treating physician report dated 5/18/15 (30B) states, "The patient has shown improvement in therapy with the use of Paraffin and H-wave electrical stimulation. It is felt that provision of these for a home exercise program will hasten his recovery and authorization is recommended." The report goes on to state, "He is currently in therapy for treatment of both the right hand and the left hand and has been using both the Paraffin to help warm up his joints prior to range-of-motion exercises and finds this quite helpful in both increasing his range of motion and decreasing his pain during range-of-motion exercises." The MTUS guidelines do not address the current request. Regarding paraffin wax for the hand, the ODG guidelines state, "Recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise)." Furthermore, Aetna Guidelines on heating devices states, "Aetna considers portable paraffin baths medically necessary DME for members who have undergone a successful trial period of paraffin therapy and the member's condition (e.g., severe rheumatoid arthritis of the hands) is expected to be relieved by long-term use of this modality." The medical reports provided show the patient is status post left thumb DIP joint release, MP joint synovectomy, right ulnar nerve release, bilateral type IB triangular fibrocartilage repairs, right index finger flexor tenosynovectomy, left Nirschl procedure, and left volar radiocarpal ganglionectomy. In this case, the patient presents with arthritic hands and is status post multiple surgical procedures to the bilateral hands. Furthermore, there is documentation of functional improvement and benefit from the current use of a paraffin bath unit. Additionally, the paraffin bath unit allows the patient to continue with physical therapy and range-of-motion exercises. The current request is medically necessary.

3 Lbs of wax beads, disposable plastic liners, and 2 hand mitts: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Forearm, Wrist and Hand chapter, Paraffin wax.

Decision rationale: The patient presents with pain affecting the left thumb. The current request is for 3 Lbs of wax beads, disposable plastic liners, and 2 hand mitts. The treating physician report dated 5/18/15 (30B) states, "The patient has shown improvement in therapy with the use of Paraffin and H-wave electrical stimulation. It is felt that provision of these for a home exercise program will hasten his recovery and authorization is recommended." The report goes on to state, "He is currently in therapy for treatment of both the right hand and the left hand and has been using both the Paraffin to help warm up his joints prior to range-of-motion exercises and finds this quite helpful in both increasing his range of motion and decreasing his pain during

range-of-motion exercises." The MTUS guidelines do not address the current request. Regarding paraffin wax for the hand, ODG guidelines states, "Recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise)." Furthermore, Aetna Guidelines on heating devices states, "Aetna considers portable paraffin baths medically necessary DME for members who have undergone a successful trial period of paraffin therapy and the member's condition (e.g., severe rheumatoid arthritis of the hands) is expected to be relieved by long-term use of this modality." The medical reports provided show the patient is status post left thumb DIP joint release, MP joint synovectomy, right ulnar nerve release, bilateral type IB triangular fibrocartilage repairs, right index finger flexor tenosynovectomy, left Nirschl procedure, and left volar radiocarpal ganglionectomy. In this case, the patient presents with arthritic hands and is status post multiple surgical procedures to the bilateral hands. Furthermore, there is documentation of functional improvement and benefit from the current use of a paraffin bath unit. Additionally, the paraffin bath unit allows the patient to continue with physical therapy and range-of-motion exercises. Since the request for a paraffin bath unit is medically necessary, the current request for 3 Lbs of wax beads, disposable plastic liners, and 2 hand mitts is medically necessary.