

Case Number:	CM15-0122050		
Date Assigned:	07/06/2015	Date of Injury:	02/27/2012
Decision Date:	08/06/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/24/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 45-year-old female who sustained an industrial injury on 2/27/2012 resulting in left hand pain and weakness. The injured worker was diagnosed with left triangular fibrocartilage tear, synovitis of the carpal tunnel, and malunion of left distal metacarpal fracture. Treatment has included medication, physical therapy, home exercise, massage therapy, and left stellate ganglion blocks. She states to have received some pain and functional relief from these treatments, but continues to report left finger deformity and pain, which interfere with activities of daily living. The treating physician's plan of care includes electromyography and nerve conduction velocity studies, and a home paraffin unit purchase. 5/19/2015 report states she is able to return to modified work, but it is not documented if she is presently working. In the case of this worker, there was mention of having had multiple nerve tests (at least three) prior to this request for a repeat nerve test to evaluation the worker's left arm and hand symptoms of pain and numbness and tingling. All prior tests have been negative, not revealing any specific diagnosis or cause of these symptoms and the symptoms and physical examination findings reported appeared to be similar over the years, including in the most recent progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography)/ NCV (Nerve Conduction Velocity) study of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 177-178 AND 261.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. There was no clear factor, which would warrant a repeat EMG/NCV test of the left upper extremity found in the notes available for review. A repeat test would likely be normal as previous tests have been since her symptoms and findings are similar now as they were before, and regardless, would not automatically lead to a different and unique treatment method not already used. Therefore, the request for EMG/NCV of the left upper extremity will be considered medically unnecessary at this time.

Paraffin unit, for purchase (for home use), quantity: 1: 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 (updated 04/02/15) - Online Version, Paraffin wax baths.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand section, Paraffin wax baths.

Decision rationale: The MTUS ACOEM Guidelines state that for wrist and hand injuries, heat application at home may be helpful to increase mobility and decrease pain before or after exercise and is generally recommended. The use of simple heat packs was mentioned and not paraffin wax baths. The ODG states that the 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). It is not clear that wax baths are superior to simpler methods of applying heat, however. In the case of this worker, although heat may be a useful adjunct to her care, the method of using a paraffin wax bath at home is not likely to be better than using other forms of heat to relieve pain, and there was no evidence found in the documentation, which suggested otherwise. Therefore, the request for a paraffin wax bath for purchase will be considered medically unnecessary.