

Case Number:	CM15-0148750		
Date Assigned:	08/12/2015	Date of Injury:	06/13/2003
Decision Date:	10/05/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/31/2015

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: Texas, New York, 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 applicant is a represented 59-year-old who has filed a claim for chronic shoulder, hand, and finger pain reportedly associated with an industrial injury of June 13, 2003. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve a request for paraffin unit wax bath device. The claims administrator referenced an April 15, 2015 progress note in its determination. Non-MTUS ODG Guidelines were cited. The applicant's attorney subsequently appealed. On said April 15, 2015 progress note, the applicant reported ongoing complaints of neck, shoulder, and finger pain. The applicant continued a topical compounded agent, Lidoderm, Salonpas patches, Prozac, Pamelor, and a TENS unit. The applicant was asked to follow up with a psychological counselor. The applicant reported triggering and locking about the finger. The applicant had undergone earlier failed shoulder surgery, it was reported. The applicant's work status was not detailed. The paraffin bath device in question was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Parabath unit and wax for the treatment of bilateral shoulders/upper extremity for chronic pain: 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 - Paraffin wax baths.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 203; 264, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Paraffin wax baths.

Decision rationale: No, the request for a paraffin unit and wax bath device for bilateral shoulders and upper extremities was not medically necessary, medically appropriate, or indicated here. The paraffin bath device represents a means of delivering heat therapy. While the MTUS Guideline(s) in ACOEM Chapter 9, Table 9-3, page 204 and ACOEM Chapter 11, Table 11-4, page 264 both recommend at-home local applications of heat and cold as methods of symptom control for shoulder, forearm, wrist, and hand pain complaints, as were/are present here, by implication/analogy, the MTUS Guideline(s) in ACOEM Chapter 9, Table 9-3, page 204 and ACOEM Chapter 11, Table 11-3, page 264 do not recommend more elaborate devices for delivering heat therapy, as was seemingly sought here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of a claim. Here, the attending provider's concomitant request for multiple different passive modalities on its April 15, 2015 progress note, namely topical compounds, a TENS unit, a paraffin bath device, etc., strongly suggested extensive usage of passive modalities in the chronic pain phase of treatment, i.e., treatment which ran counter to the sparing usage of passive modalities suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. While ODG's Forearm, Hand, and Wrist Chapter, Paraffin Wax Bath Device topic does recommend usage of the same as an option for arthritic hands if employed in conjunction with a program of evidence-based conservative care/home exercises, here, however, there is no mention of the applicant's having issues with hand and/or finger arthritis present on or around the date in question, April 15, 2015. The applicant's operating diagnoses included chronic shoulder pain status post earlier shoulder surgery and trigger finger. Usage of the device in question, thus, was at odds with MTUS, ACOEM, and ODGs principles and parameters. Therefore, the request was not medically necessary.