

Case Number:	CM15-0170094		
Date Assigned:	09/10/2015	Date of Injury:	01/16/2014
Decision Date:	10/14/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/28/2015

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: 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 60 year old female who sustained an industrial injury on 1-16-14. Progress report dated 7-30-15 reports continued complaints of worsening right shoulder pain, described as dull and rated 7 out of 10. The pain is worse with pushing, pulling and overhead motion. The right elbow pain is sharp and gets worse with activity. The right wrist pain is described as sharp. The pain is relieved with naproxen, acupuncture, TENS, home exercise program and chiropractic treatments. Diagnoses include: right shoulder strain, right elbow strain and right wrist strain. Plan of care includes: sleep screen complete and no medication changes needed, refill naproxen and Omeprazole, continue TENS unit and home exercise program, MRI right shoulder, pending MRI right elbow and wrist and return for paraffin treatment trial. Work status: return to modified work on 7-30-15 with limitations as prior. QME evaluation noted that the injured worker has undergone prior acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin treatment for right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm Wrist & Hand.

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.

Decision rationale: According to 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. (Robinson-Cochrane, 2002). The request for this treatment for the shoulder is not supported. The medical records do not establish how this treatment would be applied for the shoulder. The request for Paraffin treatment for right shoulder is not medically necessary and appropriate.

Acupuncture x 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS acupuncture medical treatment guidelines state that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3 to 6 treatments. The guidelines state that acupuncture treatments may be extended if functional improvement is documented. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. In this case, the medical records note that the injured worker has undergone prior acupuncture treatments. However, the medical records do not establish objective functional improvement from past acupuncture treatments. The request for Acupuncture x 8 visits is not medically necessary and appropriate.