

Case Number:	CM15-0179543		
Date Assigned:	09/21/2015	Date of Injury:	07/05/2013
Decision Date:	10/30/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/11/2015

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: 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:

This injured worker is a 33 year old female who reported an industrial injury on 7-5-2013. Her diagnoses, and or impressions, were noted to include: cervical and lumbar herniated discs; bilateral shoulder tendonitis with partial tear in the left shoulder; carpal tunnel syndrome; and depression with panic attacks. No current imaging studies were noted. Her treatments were noted to include: psychological evaluation and treatment; pain management consultation and medication management; and rest from work. The progress notes of 7-9-2015 reported: that she was getting worse; had episodes of panic attacks and appeared depressed, seeing a psychologist; that she had not seen pain management yet; that she had complaints of neck, back, shoulders and hands. Objective findings were noted to include: that she was very depressed; that she wore bilateral wrist braces and had weakness on gripping; restricted and painful shoulder range-of-motion; positive provocative test and Phalen's and Tinel's signs; tenderness and tightness on the cervical and lumbar spines that were with restricted motion; and the review of magnetic resonance studies of the shoulders and cervical spine, and electrodiagnostic studies. The physician's requests for treatments were noted to include aquatic rehabilitation therapy, and a paraffin bath. The Request for Authorization for aquatic rehabilitation therapy, and a paraffin bath was not noted in the medical records provided. The Utilization Review of 8-6-2015 non-certified the requests for aquatic therapy, x 18 sessions, for the neck, low back and bilateral upper extremities; and the purchase of a Paraffin bath unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x 18 visits for neck, low back, and bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: Based on the 07/08/15 progress report provided by treating physician, the patient presents with pain to neck, back, shoulders and hands. The request is for aquatic therapy x 18 visits for neck, low back, and bilateral upper extremities. RFA with the request not provided. Patient's diagnosis on 07/08/15 includes cervical and lumbar herniated discs; bilateral shoulder tendonitis with partial tear in the left shoulder; carpal tunnel syndrome; and depression with panic attacks. The patient wears bilateral wrist braces and has weakness on gripping. Physical examination revealed tenderness and tightness to the cervical and lumbar spines. Shoulder range of motion is restricted and provocative test is positive. Phalen's and Tinel's signs are positive. EMG consistent with bilateral carpal tunnel syndrome, per 07/08/15 report. Treatment to date has included psychological evaluation and treatment; pain management, rest from work and medications. Patient's medications include Tramadol and Naproxen. The patient is temporarily totally disabled, per 07/08/15 report provided. MTUS Guidelines, Aquatic therapy Section, page 22 states: "recommended as an optional form of exercise therapy where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effect of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Water exercise improved some components of health related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." MTUS, Physical medicine Section, pages 98 and 99 has the following: "recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Treater has not provided medical rationale for the request. In this case, there is no discussion provided as to why the patient cannot perform land-based therapy or home exercise program. There is no mention that the patient is extremely obese and there is no discussion as to why the patient requires weight reduced exercises. There are no details about the need for the use of specialized equipment, either. Furthermore, the request for 18 sessions would exceed guideline recommendation. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

IF unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Based on the 07/08/15 progress report provided by treating physician, the patient presents with pain to neck, back, shoulders and hands. The request is for IF UNIT FOR PURCHASE. RFA with the request not provided. Patient's diagnosis on 07/08/15 includes cervical and lumbar herniated discs; bilateral shoulder tendonitis with partial tear in the left shoulder; carpal tunnel syndrome; and depression with panic attacks. The patient wears bilateral wrist braces and has weakness on gripping. Physical examination revealed tenderness and tightness to the cervical and lumbar spines. Shoulder range of motion is restricted and provocative test is positive. Phalen's and Tinel's signs are positive. EMG consistent with bilateral carpal tunnel syndrome, per 07/08/15 report. Treatment to date has included psychological evaluation and treatment; pain management, rest from work and medications. Patient's medications include Tramadol and Naproxen. The patient is temporarily totally disabled, per 07/08/15 report provided. MTUS, Transcutaneous electrical nerve stimulation Section pages 118-120, has the following regarding ICS units: "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.) If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction." Treater has not provided medical rationale for the request. With regards to interferential unit, there is no evidence that pain is not effectively controlled due to the effectiveness of medication, substance abuse or pain due to postoperative conditions or unresponsiveness to conservative measures. Treater is requesting purchase of IF unit for home use. However, MTUS requires 30-day rental with documentation of use and efficacy before a home unit is allowed. There is no documentation that the patient has trialed IF unit for a one-month with documentation of outcomes. This request for interferential unit purchase is not in accordance with guideline recommendations. Therefore, the request is not medically necessary.

Paraffin bath for purchase: 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 and hand, paraffin wax baths.

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, & Hand (Acute & Chronic) Chapter under Paraffin wax baths.

Decision rationale: Based on the 07/08/15 progress report provided by treating physician, the patient presents with pain to neck, back, shoulders and hands. The request is for PARAFFIN BATH FOR PURCHASE. RFA with the request not provided. Patient's diagnosis on 07/08/15 includes cervical and lumbar herniated discs; bilateral shoulder tendonitis with partial tear in the left shoulder; carpal tunnel syndrome; and depression with panic attacks. The patient wears bilateral wrist braces and has weakness on gripping. Physical examination revealed tenderness and tightness to the cervical and lumbar spines. Shoulder range of motion is restricted and provocative test is positive. Phalen's and Tinel's signs are positive. EMG consistent with bilateral carpal tunnel syndrome, per 07/08/15 report. Treatment to date has included psychological evaluation and treatment; pain management, rest from work and medications. Patient's medications include Tramadol and Naproxen. The patient is temporarily totally disabled, per 07/08/15 report provided. MTUS and ACOEM Guidelines do not discuss paraffin unit specifically. ODG Guidelines, Forearm, Wrist, & Hand (Acute & Chronic) Chapter under Paraffin wax baths Section states: "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 exercise can be recommended for beneficial short-term effects for arthritic hands." The treater has not specifically discussed this request and no RFA was provided. In this case, the patient has a diagnosis of carpal tunnel syndrome. However, treater does not discuss or document arthritis of the hands, for which a paraffin bath would be indicated. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.