

Case Number:	CM15-0026676		
Date Assigned:	02/19/2015	Date of Injury:	10/14/2010
Decision Date:	04/14/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/12/2015

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: Pennsylvania, Ohio, 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:

The injured worker is a 54-year-old female who sustained an industrial injury on 10/14/2010. Diagnoses include cervical sprain/strain; right upper extremity overuses syndrome and right wrist pain. Treatment to date has included wrist brace, medications, and diagnostics. A physician progress note dated 11/19/2014 documents the injured worker does not wear the right wrist brace because it aggravates the hand more. There is decreased range of motion of the cervical spine. There is tenderness to palpation of the cervical paravertebral muscles, bilateral trapezii and left trapezius, and there is muscle spasm of the cervical paravertebral muscles and bilateral trapezii. She has decreased range of motion of her shoulders with tenderness to palpation and muscle spasm. Her right wrist has painful ranges of motions. There is muscle spasm of the forearm, thenar and hypothenar. She has tendinosis of the infraspinatus bilateral at all fingers. Magnetic Resonance Imaging of the right shoulder done on 11/09/2014 revealed mild glenohumeral arthrosis. Treatment requested is for Functional Capacity Evaluations Qty 1.00 and Paraffin Wax for home use Qty 1.00. On 02/11/2015 Utilization Review non-certified, the request for Functional Capacity Evaluations Qty 1.00 and cited was California Medical Treatment Utilization Schedule (MTUS). American College of Occupational and Environmental Medicine (ACOEM). The request for Paraffin Wax for home use Qty 1.00 was non-certified and cited was California Medical Treatment Utilization Schedule (MTUS). American College of Occupational and Environmental Medicine (ACOEM), and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluations Qty 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2ndEdition, (2004) functional capacity evaluation pages, 137-138.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning/Work Hardening Page(s): 125.

Decision rationale: MTUS discusses functional capacity evaluations (FCEs) in the context of work conditioning/work hardening. An FCE is recommended after a patient has plateau in traditional physical therapy if there is concern about a patient's ability to perform a particularly type of work. In this case the records do not clearly document a job description and concerns about the ability to perform a particular job. The records do not provide an alternate rationale to support clinical reasoning for this request. This request is not medically necessary.

Paraffin Wax for home use Qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Paraffin baths for arthritic hands.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hands/Paraffin Wax.

Decision rationale: MTUS does not discuss the use of paraffin wax. ODG discusses paraffin wax as useful for management of arthritic hands. The records in this case do not document a diagnosis or arthritis, nor is there clear documentation of the rationale for paraffin wax for this particular patient's pain syndrome. Overall, the records and guidelines do not provide a rationale for this request; the request is not medically necessary.