

Case Number:	CM15-0029317		
Date Assigned:	02/23/2015	Date of Injury:	04/27/2012
Decision Date:	07/30/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/18/2015

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 51-year-old who has filed a claim for chronic neck, shoulder, and bilateral upper extremity pain reportedly associated with an industrial injury of April 27, 2012. In a Utilization Review report dated February 2, 2015, the claims administrator failed to approve a request for a paraffin wax bath device for the neck, shoulder, and bilateral upper extremities. The claims administrator referenced an office visit dated November 7, 2014 in its determination. The applicant's attorney subsequently appealed. On March 11, 2015, the attending provider appealed the previously denied paraffin bath device, citing an opinion from an Agreed Medical Evaluator (AME) supporting usage of the device. Ongoing, myofascial pain complaints to include trapezius pain complaints and shoulder pain complaints were reported. The applicant had received recent trigger point injections, it was reported. The applicant was on Elavil, Neurontin, Relafen, hydrochlorothiazide-losartan, metformin, Pravachol, Tenormin, and Prozac, it was reported. The applicant was obese, weighing 443 pounds. Myofascial trigger point injections were sought. Wrist braces were prescribed and/or dispensed. The applicant's work status was not explicitly detailed. A medical-legal evaluation dated September 25, 2014 suggested that the applicant was working with restrictions as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin wax bath neck, shoulder, bilateral upper extremities: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 174; 204; 264, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Forearm, Wrist, & Hand, Paraffin wax baths.

Decision rationale: No, the request for a paraffin wax bath device for the neck, shoulder, and bilateral upper extremities was not medically necessary, medically appropriate, or indicated here. The paraffin wax bath device represents a means of delivering heat therapy. While the MTUS Guidelines in ACOEM Chapter 8, Table 8-5, page 174, ACOEM Chapter 9, Table 9-3, page 204, and ACOEM Chapter 11, Table 11-4, page 264 do recommend at-home local applications of heat and cold as methods of symptom control for neck, upper back, shoulder, forearm, wrist, and hand pain complaints, as were/are present here, ACOEM does not, by analogy, support high-tech devices for the purposes of delivering heat therapy such as the paraffin device in question. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. Here, however, the attending provider's concurrent pursuit of multiple different passive modalities, to include trigger point injection therapy and the paraffin wax bath device in question, thus, ran counter to the philosophy espoused on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Finally, ODG's Forearm, Hand, and Wrist Chapter notes that paraffin wax baths are recommended as an option in the treatment of arthritic hands, when employed as an adjunct to an exercise program. Here, however, it appeared that the applicant carried a primary operating diagnosis of myofascial pain syndrome, not arthritic hands. The request, thus, was at odds with ACOEM, MTUS and ODG parameters. Therefore, the request is not medically necessary.