

Case Number:	CM15-0066662		
Date Assigned:	04/14/2015	Date of Injury:	09/23/2012
Decision Date:	05/26/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/08/2015

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, Pain Management

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 40-year-old female who sustained an industrial injury on 09/23/12. Initial complaints and diagnoses are not available. Treatments to date include medications, heat, and aqua therapy. Diagnostic studies are not addressed. Current complaints include moderate upper back pain. Current diagnoses include right upper extremity with sympathetic mediate pain and right frozen shoulder. In a progress note dated 02/11/15 the treating provider reports the plan of care as Tylenol #2, Prilosec, lidocaine, Voltaren gel, and Cymbalta. Also requested are additional physical therapy and a paraffin wax machine purchase. The requested treatments are additional physical therapy and a paraffin wax machine purchase. A progress report dated April 30, 2014 states that the patient was initially treated with conservative treatment including physical therapy. She was treated with additional physical therapy in 2013. A progress report dated February 11, 2015 states that the patient had a flare-up in November 2014 and went to aquatic therapy for 10 sessions which gave her significant relief and improved range of motion in the neck. Notes indicate that the patient has been using a paraffin wax treatment at physical therapy "which has been beneficial." Diagnoses include right upper extremity with sympathetic mediated pain and right frozen shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy: additional physical therapy two times three for the right upper extremity /right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many therapy sessions the patient has already undergone, making it impossible to determine if the patient has already received the maximum number recommended by guidelines for her diagnosis. Additionally, there is no documentation of a recent flare-up with new objective findings, which this course of therapy is intended to address. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

DME: paraffin wax unit, 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).

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: Regarding the request for paraffin wax bath, California MTUS does not address the issue. ODG cites that 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). Within the documentation available for review, there is no documentation of arthritic hands and adjunctive treatment with exercise. Additionally, the requesting physician has not provided any peer-reviewed scientific literature supporting the use of paraffin in the treatment of any of this patient's diagnoses. In the absence of the above documentation, the currently requested paraffin wax bath is not medically necessary.

