

Case Number:	CM15-0068382		
Date Assigned:	04/16/2015	Date of Injury:	06/23/2014
Decision Date:	06/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/10/2015

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: Internal 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 injured worker is a 34 year old male, who sustained an industrial injury on 6/23/2014. Diagnoses include left shoulder impingement, left elbow lateral epicondylitis and status post partial amputation of the left long finger distal joint. Treatment to date has included medications, physical therapy, surgical intervention, diagnostics, injections and extracorporeal shockwave therapy. Per the Primary Treating Physician's Follow up Report dated 1/27/2015, the injured worker reported shoulder and left elbow pain as well as left long finger symptoms. Physical examination of the left shoulder revealed tenderness to palpation over the SC joint, AC joint, supraspinatus muscles and infraspinatus muscles with restricted range of motion. There was positive impingement sign. Examination of the fingers revealed moderate to severe pain with range of motion of the left long finger. He has amputation deformity of the left long finger with tenderness at the outer aspect of the distal phalanx. The plan of care included surgical intervention of the left shoulder and left long finger, injections for the elbow, durable medical equipment and medications. Authorization was requested for paraffin bath rental with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Bath with supplies: 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), Hand Guideline.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses physical treatment methods. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints Table 11-7 Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints (Page 271) indicates that passive modalities are not recommended. The treating physician's progress report dated 1/27/15 documented the diagnosis of left shoulder impingement, left elbow lateral epicondylitis, and status post partial amputation of left long finger distal joint. The patient complained of injuries to his left upper extremity and left long finger. The patient related his symptoms to the injuries he sustained at his workplace. The injury occurred on 06/23/2014. There is avulsion of the nail with evidence of a new nail coming on. Range of motion of the left long finger is normal at the present time. On the range of motion of the fingers, there is moderate-to-severe pain in the left long finger. He has amputation deformity of the left long finger distal joint with tenderness at the outer aspect of the distal phalanx. On inspection of the wrists and hands, there is no swelling or redness. Upon palpation of the left wrist, there is no tenderness noted upon radial deviation. Grip strength is 5/5 of the left hand. Median nerve Tinel's test is negative. Ulnar nerve Tinel's test is negative. Radial nerve Tinel's test is negative. Finkelstein, Phalen's, and bracelet tests all are negative. Regarding the treatment plan, the patient will require a surgical decompression of his left shoulder. The patient will require injection about the lateral aspect of the left elbow and will require amputation revision of the left long finger with possible removal of neuroma. Paraffin bath rental for four weeks was requested 1/27/15. The request for authorization was dated 1/27/15. The 1/27/15 progress report did not mention the request for the paraffin bath. No rationale for a paraffin bath was presented in the 1/27/15 progress report. ACOEM indicates that passive modalities are not recommended. Therefore, the request for a paraffin bath is not medically necessary.