

<b>Case Number:</b>	CM15-0068411		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 47 year old male, who sustained an industrial injury on 03/13/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left shoulder sprain/strain, crushing injury of the forearm, left wrist sprain/strain, and left hand joint pain. Treatment to date has included medication regimen, chiropractic therapy, laboratory studies, and x-ray of the left forearm. In a progress note dated 03/18/2015 the treating physician reports complaints of constant severe pain to the left upper shoulder, left forearm, left wrist, and left hand with a pain rating of a nine out of ten to all of the above listed areas except the left wrist which was rated an eight to nine out of ten. The treating physician requested paraffin wax therapy two times six for left hand weakness, acupuncture two time six for the left shoulder, elbow, and forearm, and magnetic resonance imaging of the left shoulder, but the documentation provided did not indicate the specific reasons for the requested treatments of the acupuncture and the magnetic resonance imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paraffin wax 2 times a week for 6 weeks for left hand weakness: 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), Paraffin wax baths.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation wrist and hand chapter, paraffin wax baths.

**Decision rationale:** The patient presents with pain and weakness in his left shoulder and left upper extremity. The patient is s/p open reduction internal fixation left forearm on 03/13/14. The request is for 12 Sessions of Paraffin Wax Therapy. Per 03/18/15 progress report, there is tenderness over the dorsal of left wrist. Phalen's sign is positive. Carpal compression causes pain. X-ray of the left forearm from 08/07/14 shows fracture of the radius and ulna. The patient returns to modified work on 03/18/15. MTUS and ACOEM Guidelines do not discuss paraffin unit specifically. However, ODG Guidelines under wrist and hand has the following regarding paraffin wax baths, 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. For myalgia, myositis type of condition, MTUS supports 8-10 sessions of therapy. In this case, the treater requested 12 sessions of paraffin wax therapy for the weakness of his left hand. Paraffin wax is indicated by ODG for arthritic hands if used as an adjunct to a program of evidence-based conservative care. The patient continues to suffer from left hand joint arthritic pains and paraffin wax therapy trial may be reasonable. However, the requested 12 sessions exceeds what MTUS recommends for this type of condition. The request is not medically necessary.

**MRI of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation shoulder chapter, MRI's.

**Decision rationale:** The patient presents with pain and weakness in his left shoulder and left upper extremity. The request is for MRI of the Left Shoulder. Per 03/15/15 progress report, the left shoulder flexion is 150 degrees, extension is 40 degrees, abduction is 150 degrees, adduction is 30 degrees and external rotation is 70 degrees. X-ray of the left shoulder from 10/30/14 shows, no significant abnormality except type I acromion. The patient returns to modified work on 03/18/15. MTUS does not discuss MRI's. ACOEM guidelines page 207-208 do not recommend MRI except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain, cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint or there is failure to progress in a strengthening program intended to avoid surgery. ACOEM guidelines refer to acute/subacute condition. ODG guidelines, under shoulder chapter, Magnetic resonance imaging (MRI) Topic,

do not support MRI unless there is a suspicion for internal derangement. In this case, the review of the reports does not show that the patient has had a MRI of the left shoulder in the past. The treater does not explain why MRI of the left shoulder is being requested. None of the reports discusses a red flag, a suspicious of a serious shoulder condition, impingement syndrome, rotator cuff and labral tear issues. The request is not medically necessary.

**Acupuncture 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Acupuncture.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

**Decision rationale:** The patient presents with pain and weakness in his left shoulder and left upper extremity. The request is for 12 Sessions of Acupuncture for the Shoulder. The patient had had 7 sessions of chiropractic treatment. The patient returns to modified work on 03/18/15. MTUS guidelines page 13 refers Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. MTUS allow 3-6 sessions of acupuncture treatments for lumbar or thoracic complaints for an initial trial and up to 1-3 times a week and 1-2 months with functional Improvement. In this case, the review of the reports indicates that the patient has not had acupuncture in the past. A short course of acupuncture appears to be reasonable to address the patient's shoulder pain. However, the requested 12 sessions exceed what MTUS guidelines allow for the initial trial. The request is not medically necessary.