

<b>Case Number:</b>	CM15-0072460		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	03/25/2011
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 68 year old female patient who sustained an industrial injury on 03/25/2011. The injured worker noted with an initial injury on 02/03/2011, which involved right hand pain while carrying paper, for which she was evaluated underwent diagnostic testing and surgical intervention. The accident described repetitive stress injury. A recent primary treating office visit dated 03/20/2015 reported the patient with subjective complaint of having a burning, sharp-shooting pain that is aggravated by the use of hands. Current medications are: Voltaren topical gel, Trazadone, and Norco. The assessment noted the patient with trigger finger, tendinitis, lateral epicondylitis, carpal tunnel syndrome, upper arm pain, medial epicondylitis, and neuralgia. The plan of care involved: continuing with home exercise program, obtaining new orthotic elbow brace, use of paraffin wax machine and follow up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 30-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page 30-34. Functional restoration programs (FRPs) Page 49. Biopsychosocial model of chronic pain Page 25.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses multidisciplinary programs. Chronic pain programs are also called multidisciplinary pain programs, interdisciplinary rehabilitation programs, or functional restoration programs (FRP). These pain rehabilitation programs combine multiple treatments. Patients should be motivated to improve and return to work, and meet the patient selection criteria outlined below. Criteria for the general use of multidisciplinary pain management programs were presented. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted; (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success have been addressed. Access to programs with proven successful outcomes is required. The progress report dated 4/2/15 documented that the patient is status post diagnostic cervical medial branch block with 100% relief for five hours. This is a positive diagnostic response and radiofrequency ablation was discussed. The patient would like to have a hand surgical evaluation to determine recommendations. The patient is authorized for an orthopedic consultation for the left hand and will be scheduling an appointment soon. The patient continues to receive acupuncture and feels this is effective. The patient is arranging chiropractic care. Per MTUS, FRP functional restoration program may be considered medically necessary when all of the following criteria are met: The patient is not a candidate where surgery or other treatments would clearly be warranted. There is an absence of other options likely to result in significant clinical improvement. The 4/2/15 progress report indicates that there are treatment options. Therefore, the patient does not satisfy the MTUS criteria for a functional restoration program. Therefore, the request for a functional restoration program is not medically necessary.

**Paraffin wax bath:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) Paraffin bath therapy.

**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 progress report dated 3/20/15 documented that the patient used paraffin wax in the past for the neuralgia. Diagnoses included carpal tunnel syndrome, trigger finger, tendinitis, lateral epicondylitis, upper arm pain, medial epicondylitis, and neuralgia. The date of injury was 03-25-2011. Official Disability Guidelines (ODG) indicate that paraffin therapy is not recommended in treating carpal tunnel syndrome patients. Paraffin therapy is a superficial heat physical agent that uses conduction to transfer heat. ACOEM indicates that passive modalities are not recommended. Therefore, the request for paraffin wax bath is not medically necessary.