

Case Number:	CM13-0006903		
Date Assigned:	05/02/2014	Date of Injury:	08/05/2011
Decision Date:	07/08/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Occupational, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53 year old female who was injured on 08/05/2011. The patient was involved in a T-bone accident that involved two other vehicles while she was a restrained driver. Prior treatment history has included the use of massage, heat, ultrasound, home exercise program, therapeutic/diagnostic corticosteroid injection, TENS unit and chiropractic care. Her medication on 06/05/2013 consisted of: Norco, Tramadol, Zanaflex and utilizing Medroxy patches. Diagnostic studies reviewed include x-rays of the right hand taken in the office on 03/06/2012, which demonstrated mild radial scaphoid degenerative disc disease. Orthopedic consultation dated 03/06/2013 documented the patient notes tingling, numbness and occasional burning into her thumb, index and long finger. She states the symptoms do interfere with her sleep. Final Determination Letter for IMR Case Number [REDACTED] 3PR-2 dated 07/03/2013 documented the patient rates her pain as 4/10 on the pain scale. She states the wrist brace does help decrease pain and increase function. Objective findings on exam of the right hand and wrist reveal extension and flexion 0 to 60 degrees, radial deviation 0 to 20 degrees and ulnar deviation 0 to 40 degrees. Negative Phalen's and positive Tinel's and carpal compression test. There was negative CMC grind test. NO triggering of any fingers or thumb. Nontender over the flexor tendons of the wrist. Grip strength is 3+/5. Full range of motion of all MCP and IP joints. Diagnoses: 1. Right hand strain. 2. Right mild carpal tunnel syndrome. 3. Double crush syndrome. 4. Cervical radiculopathy and carpal tunnel syndrome. Treatment: She was advised to continue with wrist bracing, as this does help decrease pain and increase function. Request for Authorization: A home paraffin wax kit for therapeutic purposes, as this has been very helpful in the past decreasing pain and increasing function.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME PARRAFIN WAX KIT ON RIGHT HAND AND WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 265.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hand, Forearm, Wrist, Paraffin Wax Baths.

Decision rationale: CA MTUS guidelines do not specifically discuss the issue in dispute. The ODG recommends paraffin wax baths as an option for arthritic hands when used as an adjunct to a program of evidence-based conservative care. According to the medical records the patient has been treated for the diagnoses of right hand strain and mild right carpal tunnel syndrome. The MRI of the right hand performed in March 2013 was reportedly normal. X-rays performed one year prior demonstrated mild radial scaphoid degenerative joint disease. There is no indication that the patient has significantly arthritic hands and as such, the request is not medically necessary.