

<b>Case Number:</b>	CM13-0012220		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	03/31/2003
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 injured employee is a 51-year-old female who sustained a work related injury on March 31, 2003. The injured employee was seen on June 21, 2013 and complained of right shoulder and bilateral hand pain. Recent treatment has included completion of extracorporeal shock wave therapy. The physical examination on this date noted decreased range of motion of the right shoulder and tenderness at the acromioclavicular joint and the bicipital tendon. There was a positive impingement test. Examination of the left shoulder noted decreased range of motion, swelling and tenderness, although it is not stated where. Examination of the right wrist and hand noted decreased grip strength and intrinsic muscle weakness. There were decreased sensation in the median nerve distribution and a positive Tinel's test. Some swelling was also noted. There was a diagnosis of mild cervical discography, right shoulder impingement status post-surgery, carpal tunnel syndrome status post release, left wrist ganglion cyst, left shoulder arthrosis status post-surgery and depression. Recent nerve conduction studies were conducted, but these results were not available. A paraffin unit was prescribed. A previous utilization review, dated August 8, 2013, did not medically necessitate the use of a paraffin wax bath unit purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PURCHASE OF A PARAFIN WAX BATH UNIT (NO TIME FRAME), FOR THE BILATERAL HANDS, AS AN OUTPATIENT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, & Hand (Acute & Chronic, Paraffin wax baths, updated February 28, 2014).

**Decision rationale:** According to the ODG, a paraffin wax bath is only recommended as an option for arthritic hands, if used as an adjunct to a program of evidence-based conservative care (exercise). The attached medical records do not indicate the injured employee has an arthritic condition to her hands but rather that of carpal tunnel syndrome. There is no evidence that a paraffin wax bath has any benefit, if used to treat carpal tunnel syndrome. For this reason, this request for a paraffin wax bath is not medically necessary.