

<b>Case Number:</b>	CM13-0013059		
<b>Date Assigned:</b>	09/19/2013	<b>Date of Injury:</b>	03/31/2003
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 51-year-old female who reported an injury on 03/31/2003. The patient's symptoms were noted to include right shoulder and bilateral hand pain. Her diagnoses are noted as mild cervical discopathy, right shoulder impingement syndrome status post-surgery, carpal tunnel syndrome status post release, left wrist ganglion cyst, status post right shoulder arthroscopy, left shoulder arthrosis, depression, and status post left shoulder surgery. A plan was made for a paraffin bath unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 durable medical equipment paraffin wax bath unit (purchase) for bilateral hands as outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**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, Paraffin Wax Bath.

**Decision rationale:** Official Disability Guidelines state paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative

care. As the patient was not shown to have a diagnosis of osteoarthritis of the bilateral hands and there is no documentation the patient is currently participating in an evidence-based conservative care program, the request is not supported. Therefore, the request is non-certified.