

Case Number:	CM13-0013177		
Date Assigned:	12/18/2013	Date of Injury:	06/01/2011
Decision Date:	03/18/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/19/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of 6/1/11. A utilization review determination dated 7/18/13 recommends non-certification of a paraffin wax bath. A progress report dated 9/27/13 identifies subjective complaints including bilateral wrist pain 3-4/10. Medications and acupuncture help decrease pain and increase range of motion (ROM). Objective examination findings identify tenderness to palpation over the extensor pollicis longus tendon area, right greater than left. Decreased thumb flexion. Tinel's and Phalen's tests are mildly positive. Finkelstein's maneuver is positive. Diagnoses include lumbar spine HNP, not accepted; bilateral wrist carpal tunnel syndrome/tenosynovitis. Treatment plan recommends Voltaren, Prilosec, acupuncture, bilateral thumb spica wrist braces, and consultation with an extremity/hand surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Paraffin Wax Bath: 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)

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, and Hand Chapter, Paraffin Wax Baths

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for paraffin wax bath, California MTUS does not address the issue. ODG cites that paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). Within the documentation available for review, there is no documentation of arthritic hands and adjunctive treatment with exercise. In the absence of the above documentation, the currently requested paraffin wax bath is not medically necessary.