

<b>Case Number:</b>	CM13-0015674		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	05/27/2011
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Orthopedic Surgery 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 claimant is a 52 year old female with a recent clinical presentation of July 18, 2013, when she was seen by [REDACTED]. At that time, the claimant was given a diagnosis of right trigger thumb, right carpal tunnel syndrome and right upper extremity C6 radiculopathy. The physical examination findings showed equal and symmetrical upper extremity reflexes with a positive Spurling's test, 5/5 upper extremity motor strength with tenderness to palpation over the left distal radius at the area of the carpal tunnel with digit examination not noted. The recommendation at that time was for continuation of treatment in the form of left thumb brace and paraffin wax treatment. Further clinical records or imaging are unavailable for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paraffin wax:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm, wrist, hand procedure.

**Decision rationale:** Based on the Official Disability Guidelines criteria as California MTUS Guidelines are silent, paraffin wax treatment is only recommended as an option for arthritic hands if used as an adjunct in a program of evidenced-based conservative care, including exercises. In this case, the records do not indicate a current diagnosis of "arthritis of the hands". The claimant's diagnoses are trigger finger and carpal tunnel syndrome. In the absence of a diagnosis that would appropriately be treated with paraffin wax, the requested treatment is considered not medically necessary.