

<b>Case Number:</b>	CM13-0018677		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for hand and wrist pain reportedly associated with an industrial fracture injury of May 13, 2013. Thus far, the applicant has been treated with analgesic medications; unspecified amounts of occupational therapy; adjuvant medications, and apparent immobilization of hand and wrist via casting. In a Utilization Review Report dated August 9, 2013, the claims administrator denied a request for a paraffin wax bath unit and also denied a request for a TENS unit. The applicant subsequently appealed. In an appeal letter dated August 2, 2013, the applicant's treating provider noted that he was not intent on appealing the TENS unit. The attending provider stated that he was, however, intent on appealing a one-month trial rental of a home paraffin wax bath unit on the grounds that these were helping to ameliorate the applicant's range of motion. The attending provider stated that the wax unit was intended to augment range of motion exercises. In a letter dated August 27, 2013, the applicant's attorney also stated that the applicant had sustained a crush injury of the hand resulting in closed fractures of the proximal phalanx of the index and long fingers. It was stated that the paraffin wax bath modality had ameliorated the applicant's range of motion to some extent. On June 25, 2013, the applicant was described as having persistent complaints of hand and wrist pain. The applicant was still wearing a splint. The applicant was not working as her employer was unable to accommodate limitations. The applicant apparently had some stiffness about the hand and wrist. Occupational therapy, Motrin, Norco, and range of motion exercises were sought. It was stated that x-rays were equivocal as to whether or not the applicant had sustained a fracture of the digits or not. Subsequent notes of July 12, 2013 and August 2, 2013 were also notable for comments that the applicant continued to have persistent complaints of pain and stiffness. The applicant did exhibit limited range of motion about the wrist on those occasions. The paraffin wax bath unit was reportedly being

sought to reduce the applicant's stiffness. The applicant's range of motion remained constrained, however. It was noted on several occasions that the applicant was not working.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Paraffin Wax unit 1 month trial with 1 wax refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Paraffin wax baths.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, page 271.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 271, passive modalities such as the paraffin wax unit at issue are deemed not recommended. In this case, it is noted that the applicant had seemingly obtained repetitive applications of the paraffin wax modality in physical therapy. The modality in question does not appear to have been particularly beneficial here. The applicant still had residual issues with hand and wrist stiffness despite prior application of the paraffin wax unit. The applicant remained off of work. All of the above, taken together, suggested that prior application of the paraffin wax modality had not proven altogether beneficial. Therefore, the request is not indicated both owing to the unfavorable ACOEM recommendation and owing to the applicant's previously poor response to the same. Accordingly, the request is not medically necessary.