

Case Number:	CM13-0022485		
Date Assigned:	10/16/2013	Date of Injury:	12/07/2012
Decision Date:	04/24/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/11/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 57 year-old female with a 1/7/2012 industrial injury claim. She has been diagnosed with right CTS and right 3rd digit trigger finger. According to the 7/29/13 orthopedic report from [REDACTED], the patient presents with bilateral hand pain and numbness/tingling as well as pain and locking of the middle fingers bilaterally. On exam, the patient was noted to be using wrist braces, and had mild swelling of the wrists bilaterally, and nodules over the A1 pulleys of the middle fingers, with 4/5 weakness, but no active triggering. Tinels and Phalens and Durkans are positive bilaterally. [REDACTED] recommended PT 2x4, and a paraffin bath for home use, and Duexis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PARAFFIN BATH PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The patient presents with CTS and triggering of the 3rd digit. The request is for purchase of a paraffin bath for home use in conjunction with PT. ODG guidelines for paraffin baths, states they are for arthritis, and UR recommended non-certification because the patient was not reported to have arthritis. The ODG guidelines do not state that the paraffin bath is not recommended for CTS or trigger finger. The ODG and ACOEM guidelines appear to recommend some forms of heat therapy for CTS. Aetna Clinical Policy Bulletin states the paraffin baths are medically necessary if the patient's condition is expected to be relieved by long-term use of the modality, but states it should be after the patient has undergone a successful trial period of paraffin therapy. In this case, the patient has not had a trial of paraffin therapy, and would not meet the Aetna guideline. [REDACTED]