

<b>Case Number:</b>	CM13-0023793		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/01/2006
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Internal Medicine, has a subspecialty in Cardiology, and Cardiovascular Disease and is licensed to practice in Texas. 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 55-year-old female who reported an injury on 05/01/2006. The patient is currently diagnosed as status post right carpal tunnel release in 01/2001, probable recurrent right carpal tunnel syndrome, status post left carpal tunnel release in 05/2001, probable recurrent left carpal tunnel syndrome, cervical spine strain, cervical radicular syndrome, lumbar spine strain, lumbar radicular syndrome, internal derangement with chondromalacia and a tear of the meniscus of the right knee, and bilateral plantar fasciitis. The patient was seen by [REDACTED] on 08/19/2013. Physical examination of the wrists and hands revealed tenderness to palpation over the flexor and extensor compartment of the carpal tunnel on the right, tenderness to palpation over the radiocarpal joint, triangular fibrocartilage, distal radial ulnar joint on the right, positive Phalen's testing, tenderness to palpation over the flexor and extensor compartment and carpal canal on the left, positive Phalen's testing on the left, and diminished range of motion on the left. Treatment recommendations included a home paraffin wax unit for bilateral hands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) paraffin wax unit:** 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), Forearm, Wrist & Hand Chapter, (Acute & Chronic), Paraffin Wax Baths.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Paraffin Wax Baths.

**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 per the clinical notes submitted, the patient does not maintain a diagnosis of osteoarthritis of the hands. A specific treatment plan with short and long term goals of treatment with the unit was not provided. Additionally, there is no evidence that the patient has attempted or responded to other superficial heat therapies. Based on the clinical information received, the request is non-certified..