

Case Number:	CM13-0029031		
Date Assigned:	02/05/2014	Date of Injury:	02/13/2012
Decision Date:	05/21/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/24/2013

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 and Rehabilitation and is licensed to practice in Maryland. 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:

There is a primary treating physician progress report dated 8/27/13 which states that the patient continues to complain of intermittent pain in her neck and low back. She also complains of pain in both shoulders associated with arm pain. She notes minimal pain in both wrists. On a scale of 0 to 10 (when 0 is in no pain and 10 is the worst pain), she rates the severity of her neck and low back pain as 5 to 6. She rates her bilateral shoulder pain as a 7, without medications or therapy and 1 with medications only. She has opted against wrist surgery at this point in time. The physical exam findings reveal that examination of the cervical spine demonstrates tenderness to palpation over the paraspinal area. The examination of the right wrist demonstrates no tenderness to palpation. There is pain with range of motion. The examination of the lumbar spine demonstrates no tenderness to palpation. The range of motion is full. The treatment plan states that the patient appears to have benefitted from the current medication regimen and therapy including Ultram, Voltaren, and Protonix. Additionally there is a request for wax for the patient's wax unit for her bilateral wrist symptomatology.

IMR ISSUES, DECISIONS AND RATIONALES

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

WAX FOR WAX TREATMENT UNIT/MACHINE: 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) Paraffin Wax Baths.

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: Paraffin Wax Baths.

Decision rationale: The MTUS guidelines do not specifically address wax or wax treatments. The ODG does not specifically address wax but does address paraffin baths. Recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). There is no mention of paraffin wax treatments or wax in the treatment of carpal tunnel syndrome which is the diagnosis this patient has per documentation. There is no documentation of arthritis and no submitted imaging studies verifying this. The request for wax for a wax treatment unit/machine is not medically necessary.