

<b>Case Number:</b>	CM13-0033492		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	09/15/2009
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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.

### 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 female patient with a date of injury of September 15, 2009. A utilization review determination dated September 23, 2013 recommends non-certification of paraffin wax blocks refill. A progress report dated November 15, 2013 include subjective complaints of pain in both wrists and hands left side greater than right and neck pain radiating over the left shoulder and arm. The note indicates that the patient is unable to tolerate medication due to adverse reactions, vomiting, and gastritis. The note indicates that paraffin wax block and interferential unit were not authorized. Objective findings identify bilateral wrists with reduced range of motion, positive Tinels, positive Phalen's, and pain at the distal radial ulnar junctions. Diagnoses include chronic pain syndrome secondary to right carpal tunnel syndrome and left wrist sprain/strain with internal derangement. The treatment plan recommends paraffin wax unit for home use which is to combine with home therapeutic exercises of the wrist and hands to reduce pain and improve mobility especially with continued work of typing and computer work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paraffin Wax Blocks Refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Medical Fee Schedule (OMFS)

**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 Chapter, Paraffin wax baths

**Decision rationale:** Regarding the request for paraffin wax bath, California MTUS does not address the issue. ODG cites that paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). Within the documentation available for review, the requesting physician has indicated that the patient has internal derangement in the hand/wrist. Additionally, the requesting physician has indicated that the paraffin wax treatment is to be used in conjunction with a therapeutic exercise program to reduce pain and improve mobility especially to continue working. Furthermore, the requesting physician has indicated that the patient cannot tolerate the use of medications, therefore other treatment modalities are essential. As such, a refill for the paraffin bath is recommended to continue the current treatment plan. Therefore, the currently requested paraffin wax blocks refill is medically necessary.