

<b>Case Number:</b>	CM13-0047048		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/01/2009
<b>Decision Date:</b>	02/17/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Occupational Medicine and is licensed to practice in Hawaii. 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:

This patient is a 49 year old female employee with date of injury of 8/1/2009. A review of the progress notes by [REDACTED] from 2/25/2013, 3/25/2013, 4/22/2013 indicate that the injured worker was being treated for complex regional pain syndrome (CRPS), bilateral upper extremities. On 5/20/2013, [REDACTED] reports that "this patient is permanent and stationary for her symptoms of CRPS, tremors, headaches, sleep impairment, and cognitive impairment." [REDACTED] progress note from 5/21/2013 indicate that the patient with propranolol, amlodipine, triamterene, hydrochlorothiazide, losartan, lovastatin, singulair, and triamcinolone and notes "Aside from [REDACTED], she is not under the care off any other doctors." [REDACTED] refers to the patient's 30 hours of home health care weekly, but does not comment on physical therapy or other treatments. Additional notes from 5/13/2013 address her pain symptoms and opioid usage. [REDACTED] (psychologist) on 10/25/2013 addresses her major depressive symptoms, but does not comment on usage of external treatment modalities, such as physical therapy. A utilization review dated 10/22/2013 noncertified the retrospective request from 2/1/2011 for paraffin and supplies for bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Portable Paraffin bath unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35-41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Paraffin wax baths.

**Decision rationale:** While MTUS specifically address CRPS, it is silent in regards to Portable Paraffin bath unit treatments for CRPS or any other medical problems. MTUS does state that treatment for CRPS should focus on rehabilitation (careful physical therapy), psychological treatment, and pain management. ODG specifically states "Recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodological considerations such as the poor quality of trials. (Robinson-Cochrane, 2002)". The medical documents provided did not outline the rationale for a portable paraffin bath unit. Additionally, there was no documentation provided leading up to the 2/1/2011 request for portable paraffin bath unit. Of the medical documentation provided, none discussed the patient having a diagnosis of arthritis or findings suggestive of arthritis. As such, the request for Retrospective Portable Paraffin bath unit is not medically necessary.

**Retrospective supplies for the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35-41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Paraffin wax baths.

**Decision rationale:** While MTUS specifically address CRPS, it is silent in regards to Portable Paraffin bath unit treatments for CRPS or any other medical problems. MTUS does state that treatment for CRPS should focus on rehabilitation (careful physical therapy), psychological treatment, and pain management. ODG specifically states "Recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodological considerations such as the poor quality of trials. (Robinson-Cochrane, 2002)". The medical documents provided did not outline the rationale for a portable paraffin bath unit. Additionally, there was no documentation provided leading up to the 2/1/2011 request for portable paraffin bath unit. Of the medical documentation provided, none discussed the patient having a diagnosis of arthritis or findings suggestive of arthritis. The request for Retrospective Portable Paraffin bath unit was determined to not be medically necessary. Supplies for the bilateral upper extremities of date of service 2/1/2011 appear to be directly related to the portable paraffin bath unit. As such, the request for Supplies for the bilateral upper extremities of date of service 2/1/2011 are not medically necessary.

