

Case Number:	CM14-0004493		
Date Assigned:	02/05/2014	Date of Injury:	01/11/2013
Decision Date:	05/27/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/13/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 56-year-old female with a 1/11/13 date of injury. At the time (12/31/13) of the Decision for wax paraffin unit #1, purchase, there is documentation of subjective (neck and low back pain as well right wrist and hand pain with numbness, tingling, and nighttime pain) and objective (decreased cervical spine range of motion, positive Spurling's, spasms over the paraspinal muscles, decreased range of motion over the wrists, positive Phalen's and Tine's signs, hypoesthesia of the upper extremity, and decreased upper extremity muscle strength) findings, current diagnoses (cervical spine sprain/strain, lumbar spine sprain/strain, status post left wrist carpal tunnel release, right wrist carpal tunnel syndrome, and symptoms of anxiety/depression and insomnia), and treatment to date (medications (including Anaprox, Flexeril, Ultracet, and Prilosec)). There is no documentation of arthritic hands and that paraffin wax will be used as an adjunct to a program of evidence-based conservative care (exercise).

IMR ISSUES, DECISIONS AND RATIONALES

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

WAX PARAFFIN UNIT #1, PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist And Hand Chapter, Online Version.

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: MTUS does not address the issue. ODG identifies documentation of arthritic hands and paraffin wax used as an adjunct to a program of evidence-based conservative care (exercise), as criteria necessary to support the medical necessity of paraffin wax baths. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, lumbar spine sprain/strain, status post left wrist carpal tunnel release, right wrist carpal tunnel syndrome, and symptoms of anxiety/depression and insomnia. However, there is no documentation of arthritic hands and that paraffin wax will be used as an adjunct to a program of evidence-based conservative care (exercise). Therefore, based on guidelines and a review of the evidence, the request for wax paraffin unit #1, purchase is not medically necessary.