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| Case Number: | CM14-0105956 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 02/22/2013 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/25/2014 |
| Priority: | Standard | Application Received: | 07/09/2014 |

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 56-year-old male who reported an injury on 02/22/2013. The mechanism of injury was not documented in the submitted report. The injured worker has diagnoses of bilateral wrist sprain and hand/wrist tenosynovitis. Past treatment for the injured worker includes physical therapy. The injured worker underwent an Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the right hand/wrist on 05/17/2014. The injured worker underwent a right carpal tunnel release in 05/2013. The injured worker reported no changes in her moderate bilateral wrist pain. There was no measurable level of pain documented in the progress note. Physical examination dated 06/25/2014 revealed that the injured worker had decreased sensation in all fingers, tenderness, with positive Tinel's and Finklestein's test. There was no documentation of any medication the injured worker has tried and failed. The treatment plan for the injured worker is to consider cortisone injections for the wrist and dispense the paraffin wax. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Wax Quantity Two: 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 and Hand, 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 injured worker reported no changes in her moderate bilateral wrist pain. There was no measurable level of pain documented in the progress note. ODG Recommends paraffin wax 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. According to the submitted reports, the injured worker does not have diagnosis of arthritis in his hands or wrists. The submitted documentation showed that the injured worker had been to physical therapy (not noted how many sessions), but there was no quantified evidence of the results or outcomes. There were no notations that the physical therapy helped with any functional deficits the injured worker had. The submitted reports also lacked any evidence of the injured worker having trialed and failed any other type of conservative care (NSAIDS or any type of other medication). Furthermore, guidelines stipulate that Paraffin wax is recommended as an option for arthritic hands, there was no mention of the injured worker having been diagnosed with arthritis in the hands. Given the above, the injured worker is not within the ODG recommended guidelines. As such, the request for paraffin wax quantity of 2 bars is not medically necessary.