

Case Number:	CM14-0109023		
Date Assigned:	08/01/2014	Date of Injury:	09/26/2012
Decision Date:	10/14/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/14/2014

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 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:

This 57 year-old female customer service representative sustained a repetitive stress injury to her wrists/hands on 9/26/12 while employed by [REDACTED]. Request(s) under consideration include Portable paraffin wax bath unit with supplies (date of service 06/17/2014). Diagnoses include CTS s/p right CTR on 2/12/14. Conservative care has included therapy, medications, injection, bracing, and modified activities/rest. EMG/NCS of 4/11/13 showed mild bilateral CTS; no evidence of peripheral neuropathy of the upper extremities or cervical radiculopathy. Report of 4/22/14 from the provider noted the patient has completed 10 PT sessions with improvement. The patient had right wrist pain toward right long finger with right forearm pain radiating into right shoulder. Exam findings showed shoulders with positive impingement; right elbow with tenderness and painful motion; right wrist with tenderness, stiffness around flexor tendon sheath of right long finger; with decrease grip. Diagnosis was right CTS s/p release. Treatment plan included additional PT 2x3. Report of 6/17/14 noted patient with residual right hand and long finger pain. Exam showed mildly swollen right hand with need for home paraffin wax and supplies. The request(s) for Portable paraffin wax bath unit with supplies(date of service 06/17/2014) was non-certified on 7/8/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Portable paraffin wax bath unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment, Integrated Treatment/ Disability Duration Guidelines; Forearm, Wrist & Hand (Acute & Chronic)

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, & Hand, Paraffin Wax Baths, page 172: Recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise).

Decision rationale: This 57 year-old female customer service representative sustained a repetitive stress injury to her wrists/hands on 9/26/12 while employed by [REDACTED]. Request(s) under consideration include Portable paraffin wax bath unit with supplies (date of service 06/17/2014). Diagnoses include CTS s/p right CTR on 2/12/14. Conservative care has include therapy, medications, injection, bracing, and modified activities/rest. EMG/NCS of 4/11/13 showed mild bilateral CTS; no evidence of peripheral neuropathy of the upper extremities or cervical radiculopathy. Report of 4/22/14 from the provider noted the patient has completed 10 PT sessions with improvement. The patient had right wrist pain toward right long finger with right forearm pain radiating into right shoulder. Exam findings showed shoulders with positive impingement; right elbow with tenderness and painful motion; right wrist with tenderness, stiffness around flexor tendon sheath of right long finger; with decrease grip. Diagnosis was right CTS s/p release. Treatment plan included additional PT 2x3. Report of 6/17/14 noted patient with residual right hand and long finger pain. Exam showed mildly swollen right hand with need for home paraffin wax and supplies. The request(s) for Portable paraffin wax bath unit with supplies (date of service 06/17/2014) was non-certified on 7/8/14. Paraffin bath unit for wax treatment is a passive modality providing concentrated heat that may be a short-term option for arthritis per guidelines. This 57 year-old female is s/p carpal tunnel release in February 2014 with diagnosis of CTS s/p release and continues to treat for persistent chronic pain with clinical findings related to median nerve disorder without diagnoses for arthritis. ODG states the paraffin wax bath is 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. Submitted reports have not adequately demonstrated support or medical indication for this paraffin unit. The Portable paraffin wax bath unit with supplies(date of service 06/17/2014) is not medically necessary and appropriate.