

<b>Case Number:</b>	CM14-0015123		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	11/21/2012
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for carpal tunnel syndrome, shoulder pain, elbow pain, and wrist pain reportedly associated with an industrial injury of November 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; muscle relaxants; and extensive periods of time off of work. In a utilization review report dated January 9, 2014, the claims administrator denied a request for a wax machine, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. A progress note dated March 17, 2014 was handwritten, sparse, difficult to follow, not entirely legible, notable for comments that the applicant reported bilateral elbow, wrist, and shoulder pain. The applicant was placed off of work, on total temporary disability. Acupuncture, physical therapy, and wrist brace were sought. On February 15, 2014, the attending provider appealed decision to deny a wax machine for home use purposes. The applicant was described as off of work. The applicant was apparently status post excision of left and right wrist ganglion cysts. It appears that the attending provider earlier sought the wax machine through a February 3, 2014 handwritten progress note. On December 31, 2013, the attending provider stated that the usage of the wax machine had helped the applicant reduce underlying inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WAX MACHINE FOR HOME:** 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)- Treatment in Workers' Compensation, Online Edition, Chapter: Forearm, Wrist, & Hand.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

**Decision rationale:** The wax machine in question appears to represent a form of heat therapy or means of delivering heat therapy. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-4, local, at-home applications of heat and cold are recommended as method of symptom control for forearm, wrist, and hand complaints, as are present here. In this case, the attending provider did not state how provision of the wax machine for home use purposes would be beneficial to the simple, low-tech at-home applications of heat supported in ACOEM Chapter 11, Table 11-4. It is further noted that the applicant appears to have received the wax unit on a rental basis for what appears to be a span of several months, despite the unfavorable ACOEM recommendation. The applicant has, however, failed to effect or demonstrate any lasting benefit or functional improvement despite several months' usage of the same. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on physical therapy, acupuncture, topical compounded medications, etc., despite several months of usage of the wax unit. Therefore, the request to purchase the wax machine for home uses purposes is not medically necessary.