

Case Number:	CM14-0137634		
Date Assigned:	09/05/2014	Date of Injury:	10/12/1993
Decision Date:	10/02/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/25/2014

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 Florida. 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 44 year old male who reported an injury on 10/12/1993. The injury reportedly occurred when his shirt was caught in the tailgate of a truck and he was pulled up and dropped on his left knee. His diagnoses were listed as bilateral ECU tendonitis, carpal tunnel syndrome, and neuropathic pain. The past treatments included medications, wrist braces, and acupuncture. The diagnostic studies included x-rays. An EMG/NCS on 03/11/2010 showed findings consistent with bilateral demyelinating median neuropathy at the wrists without axonal loss. An electrodiagnostic test on 03/01/2010 showed findings of bilateral carpal tunnel syndrome. There was a right wrist surgery noted in 1991. On 06/17/2014, the injured worker complained of bilateral wrist pain and bilateral hand numbness. He reported increased activity level as he tried to be more active. Upon physical examination, he was noted to be wearing bilateral wrist braces. There was crepitus with passive range of motion, a positive Tinel sign at the right wrist, and tingling. The left wrist was noted to have tenderness. The medications were listed as Voltaren gel and Norco. The treatment plan was to continue medications, continue with wrist braces, and continue home exercises. It was noted that the injured worker would benefit with a parabath unit and wax. The rationale for the request was not provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Parabath unit and wax for Carpal tunnel syndrome (CTS) bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES, FOREARM, WRIST & HAND CHAPTER, 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 request for parath unit and wax for carpal tunnel syndrome to the bilateral wrists is not medically necessary. The Official Disability Guidelines recommend paraffin wax baths as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative exercise. There is a lack of documentation indicating a diagnosis of arthritis. The injured worker complained of bilateral wrist pain and bilateral hand numbness. There were no significant objective functional limitations noted. The documentation did not provide sufficient evidence that the injured worker would be participating in an adjunct program of evidence-based conservative care to support the request. Therefore, the request is not medically necessary.