

<b>Case Number:</b>	CM14-0151471		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 and 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:

The patient is a 40-year-old female with a date of injury of 01/13/2014. The listed diagnoses per [REDACTED] are: 1. Cumulative trauma for repetitive motion. 2. Hand injury. 3. Neuropathy. 4. Epicondylitis. 5. De Quervain's tenosynovitis. 6. Left shoulder pain. According to progress report, 06/12/2014, the patient presents with continued left wrist pain. The patient rates her pain level as 9/10 in severity without medication. The patient states she has improvement with her pain after switching from naproxen to ibuprofen. Examination revealed decreased range of motion with flexion and pain elicited with radial deviation. There is decreased range of motion and strength of 3/5. Phalen's test is positive. The treater is requesting paraffin treatments. Utilization Review denied the request on 08/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paraffin treatment:** 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 Hands, Paraffin treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines

have the following: Recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise).

**Decision rationale:** This patient presents with continued left wrist pain. The treater is requesting paraffin treatments. The MTUS and ACOEM Guidelines do not discuss paraffin unit specifically. However, ODG Guidelines under wrist and hand has the following regarding paraffin wax baths, "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 exercise can be recommended for beneficial short-term effects for arthritic hands." In this case, the patient has a diagnosis of De Quervain's Tenosynovitis, but there are no discussions of arthritis or adjunct conservative care. The requested paraffin unit is not medically necessary, and recommendation is for denial.