

<b>Case Number:</b>	CM14-0151927		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/18/2014
<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 Internal 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 patient is a 55 year old female who sustained an injury 09/10/2012. The mechanism of injury is unknown. Prior medication history included Voltaren gel, Lidoderm patches, levothyroxine, and ibuprofen. RFA dated 07/21/2014 states the patient presented with complaints of shoulder pain, wrist pain and neck pain. She has been utilizing a TENS unit. On exam, there is tenderness to palpation noted in the triceps. On inspection of both hands, there was no swelling, redness, nodules, deformity, or atrophy. She had pain on range of motion and tenderness to palpation over the metacarpophalangeal joint of thumb, index finger, middle finger, ring finger and little finger. She had a positive Finkelstein's test. She was diagnosed with DeQuervain's tenosynovitis, bilateral arthropathy of the hands and regional myofascial pain syndrome of the neck and shoulder girdle. The patient was recommended for paraffin wax with tub and bilateral hand and wrist pain. Prior utilization review dated 08/18/2014 states the request for Paraffin wax with tub is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paraffin wax with tub:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC 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 and hand, Paraffin wax baths

**Decision rationale:** The guidelines recommends paraffin wax baths as an option for the treatment of hand arthritis if used as an adjunct to a program of conservative care or exercise. The clinical notes document findings consistent with hand arthritis. However, the clinical notes state that hand therapy will be deferred as the patient has time off from school which may alleviate the arthritic symptoms. The documents do not show that the patient will be using a simultaneous conservative care program with use of the paraffin wax. The treating provider also believes the symptoms may improve now that the patient is off of work, thus adding new treatments may be unnecessary at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.