

<b>Case Number:</b>	CM14-0171777		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	09/30/2011
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 43 years old female with an injury date on 09/30/2011. Based on the 09/17/2014 progress report provided by the treating physician, the diagnoses are: 1. Tenosynovitis; wrist or hand 2. De Quervain's tenosynovitis 3. Wrist sprain/strain 4. Rotator cuff syndrome 5. Myofascial pain. According to this report, the patient complains of "intermittent pain right wrist, right elbow that radiate to right shoulder, and left shoulder localized pain." Exam shows "decreased ROM for right wrist and left shoulder." There were no other significant findings noted on this report. The utilization review denied the request on 10/06/2014. The requesting provider provided treatment reports from 09/17/2014 to 10/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paraffin bath for home use:** 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), 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 chapter, Paraffin wax baths and on Aetna Guidelines on Heating Devices.

**Decision rationale:** According to the 09/17/2014 report, this patient presents with right wrist and right elbow pain. The treating physician is requesting paraffin bath for home use. Regarding paraffin wax for the hand, ODG guidelines states, "recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise)." Review of the reports does not show arthritis of the hands. Furthermore, Aetna Guidelines on heating devices states, "Aetna considers portable paraffin baths medically necessary DME for members who have undergone a successful trial period of paraffin therapy and the member's condition (e.g., severe rheumatoid arthritis of the hands) is expected to be relieved by long-term use of this modality." In this case, given that the patient does not present with arthritic hands, use of paraffin wax does not appear indicated. The request is not medically necessary.