

<b>Case Number:</b>	CM14-0176128		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	06/25/2014
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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, 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 49-year-old male with a date of injury of 06/25/2014. The listed diagnoses per [REDACTED] are: 1.Tenosynovitis, wrist or hand.2.De Quervain's tenosynovitis.3.Phalanges, hand fracture, closed.4.Sprain of finger or hand.5.Left S/P thumb effects.6.Gastritis.According to progress report 09/17/2014, the patient continues with left upper extremity pain and some tingling at the tip of the left first finger. He is status post left thumb fracture and was in a cast for 6 weeks which was removed on 08/11/2014. Examination findings noted "+TTP in left hand (CMP, MCP, and IP joint)." This is a request for 1 paraffin bath kit for home use and 1 paraffin wax with 2 refills. Utilization review denied the request on 10/06/2014. Treatment reports from 07/21/2014 through 10/13/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 paraffin bath kit for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines official disability guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist and hand has the following regarding paraffin wax baths

**Decision rationale:** This patient presents with left upper extremity pain and some tingling at the tip of the left first finger. The request is for one paraffin bath kit for home use. 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.

**1 paraffin wax with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist and hand has the following regarding paraffin wax baths

**Decision rationale:** This patient presents with left upper extremity pain and some tingling at the tip of the left first finger. The request is for one paraffin wax with 2 refills. 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.