

Case Number:	CM14-0028550		
Date Assigned:	07/11/2014	Date of Injury:	05/22/2011
Decision Date:	09/26/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/06/2014

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 Nevada. 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 records presented for review indicate that this 46-year-old female was reportedly injured on May 22, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 7, 2014, indicates that there are ongoing complaints of left wrist pain, left shoulder pain, and neck pain. The physical examination demonstrated tenderness along the left side cervical paraspinal muscles there was decreased cervical spine range of motion with pain. Examination of the left elbow noted tenderness at the lateral epicondyle. There was a negative Tinel's test of the ulnar nerve. Examination of the left wrist noted mild swelling and tenderness along the prior incision from carpal tunnel surgery. Range of motion was slightly decreased. There was a positive Tinel's test and a negative Phalen's test. Decreased sensation was noted in the C5 - C6 nerve distribution. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left-sided carpal tunnel release. A request had been made for a paraffin unit for the left hand and was not certified in the pre-authorization process on February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Unit for the left hand: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Updated August 8, 2014.

Decision rationale: According to the Official Disability Guidelines, paraffin wax baths are only recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care. The most recent progress note dated January 7, 2014, does not indicate that the injured employee has arthritis of the hands. As such, this request for a paraffin unit for the left hand is not medically necessary.