

Case Number:	CM14-0035124		
Date Assigned:	06/23/2014	Date of Injury:	04/22/2008
Decision Date:	07/28/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/21/2014

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 injured worker is a 60-year-old female with a reported date of injury on 04/22/2008. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with increased pain in the right hand and fingers. Within the clinical note dated 02/06/2014, the injured worker indicated the pain was improved utilizing transdermal creams. Upon physical examination, the injured worker's right wrist/hand revealed abnormal skin color and cold temperature. In addition, the right wrist was positive for Tinel's and Phalen's sign. The bilateral wrist range of motion revealed dorsiflexion to 40 degrees, palmar flexion to 40 degrees, ulnar deviation to 30 degrees, and radial deviation to 30 degrees. Previous physical therapy and conservative care was not provided within the documentation available for review. Diagnoses included carpal tunnel syndrome, left wrist ganglion cyst, wrist tenosynovitis, ulnar neuropathy, and previous left shoulder surgery in 1984 and 2003, status post left cubital tunnel and left carpal tunnel release on 08/29/2008, elbow epicondylitis and cervical sprain/strain syndrome. The clinical information indicates the injured worker utilizes topical analgesic creams due to history of gastrointestinal issues with oral pills. The request for authorization for a paraffin wax bath was submitted on 03/12/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin wax bath: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, Paraffin Wax Bath.

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 Bath.

Decision rationale: The Official Disability Guidelines recommend paraffin wax baths as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochran Review, paraffin wax baths combined with exercise can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodological consideration such as the poor quality of trials. The clinical information provided for review lacks documentation related to arthritis. There is a lack of documentation related to previous physical therapy or the use of physical therapy as an adjunct to paraffin wax baths. In addition, the request as submitted failed to provide the specific site at which to utilize the paraffin wax baths and the frequency of use. Therefore, the request for a paraffin wax bath is not medically necessary and appropriate.