

Case Number:	CM14-0063985		
Date Assigned:	07/11/2014	Date of Injury:	06/19/1997
Decision Date:	09/15/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/06/2014

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 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 50-year-old female who reported an injury on 06/19/1997, having sustained injuries from repetitive strain. Her injuries included recurrent tingling in her hands, mostly on the right side but slightly on the left. She also has right wrist and elbow pain as well as recurrent neck pain. The injured worker's treatment history has included a course of chemotherapy, surgery, a home exercise program, hand therapy, and medications. The injured worker was evaluated on 04/08/2014 and it was documented the injured worker complained of continuous slight numbness and tingling in her hands, but it has decreased. Her neck pain was minimal. Physical examination of the hands revealed full motion with slightly decreased sensibility in the left thumb and index middle fingers. There was no intrinsic muscular atrophy bilaterally. Diagnoses included bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, thoracic outlet syndrome, and cervical strain. It was documented the injured worker had home paraffin bath treatment from outpatient therapy. However, the outcome measurements were not submitted for this review. The request for authorization dated 03/14/2014 was for home paraffin bath unit. The rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home paraffin therabath: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014, Forearm, Hand and Wrist.

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, & Hand Paraffin Wax Baths.

Decision rationale: The request is not medically necessary. The Official Disability Guidelines (ODG) 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 Cochrane review, paraffin wax baths combined with exercise can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodological considerations such as poor quality of trials. The documentation submitted for review indicated the injured worker was receiving treatments of paraffin baths to her hands. However, the outcomes resulting from these treatments were not submitted for this review. Additionally, the injured worker's long-term functional goals were not provided for review. The request that was submitted failed to indicate the location where home paraffin therabath is required for the injured worker. As such, the request for home paraffin therabath is deemed not medically necessary.