

<b>Case Number:</b>	CM14-0074829		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/06/2011
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Texas. 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 27 year old female with a reported date of injury of 08/06/2011. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include foot pain in the ankle joint, numbness, and tingling. Her previous treatments were noted to include TENS unit, acupuncture, paraffin, home exercise program, and medications. The progress note dated 04/11/2014 revealed the injured worker rated her pain 6/10 and complained of ankle pain. The injured worker reported acupuncture was helpful, decreased pain and inflammation and improved walking. The physical examination revealed an antalgic gait. A request form dated 04/11/2014 was for a Tenspatch x2 pairs, and paraffin block x2 for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paraffin Wax:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Paraffin BathsCHAMPVA Policy Manuel Chapter 2, Portable Paraffin 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 wax baths.

**Decision rationale:** The injured worker has been utilizing paraffin wax for her foot. 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 review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. The injured worker has been utilizing paraffin wax baths for her ankle and foot and the ODG recommend it for arthritic hands. Therefore, the request is not medically necessary and appropriate.

**Tenspatch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN Page(s): 114, 116. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, TENS.

**Decision rationale:** The injured worker has been utilizing a Tenspatch for her ankle and foot pain. The MTUS Chronic Pain Guidelines do not recommend TENS as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The criteria for the use of TENS is documentation of pain of at least 3 months' duration, and evidence that other appropriate pain modalities have been tried and failed. A 1-month trial period of a TENS unit should be documented as an adjunct to ongoing treatment modalities with a functional restoration approach with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The Official Disability Guidelines do not recommend a TENS unit for the ankle and foot. There was a lack of documentation regarding the Tenspatch being used as an adjunct to an evidence-based functional restoration approach. Additionally, the Official Disability Guidelines do not recommend a TENS unit for the ankle and foot. Therefore, the request is not medically necessary and appropriate.