

<b>Case Number:</b>	CM14-0086656		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/06/2006
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 49 year old female was reportedly injured on April 6, 2006. The mechanism of injury is undisclosed. The most recent progress note, dated April 29, 2014 indicates that there are ongoing complaints of right shoulder and right wrist symptoms. The physical examination on the preceding progress note on April 18, 2014 demonstrates 130 degrees of abduction, flexion 80 degrees of internal rotation, and left hand was noted to be progressing nicely with mild numbness in the distribution of the ulnar nerve. Diagnostic imaging studies have included an MRI of the left wrist on August 3, 2013. The claimant is status post acromioplasty, and repair of the left shoulder, and carpal tunnel release of the left hand on December 20, 2013 and a right carpal tunnel release on April 22, 2014. Treatment for the right wrist following the recent surgical intervention included no postoperative physical therapy of the wrist or shoulder. The medical record indicates that there was no history of arthritis involving the fingers. A request was made for a paraffin wax bath unit and was not certified in the preauthorization process on May 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paraffin Wax Bath Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Wrist & Hand (updated 02/18/14).

**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 (updated 2/18/14) Paraffin Wax Baths.

**Decision rationale:** The Official Disability Guidelines (ODG) guidelines support the use of paraffin wax baths in select clinical settings as an option for arthritic hands. When used as an adjunct to a program of evidence based conservative care. The medical record includes no diagnosis of arthritis of the hands and fingers. Additionally, physical therapy has not been provided in the postoperative setting, indicating that appropriate conservative measures are underway. As such, this request for a paraffin wax bath unit is not medically necessary.