

Case Number:	CM14-0093218		
Date Assigned:	07/25/2014	Date of Injury:	05/22/2007
Decision Date:	08/28/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/19/2014

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia, and North Carolina. 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 patient is a 43 year old female with a reported date of injury on 5/22/2007 who requested paraffin wax for the right wrist. She has a long history of right upper extremity problems treated with multiple surgeries and non-operative treatments including physical therapy, chronic pain management and multiple medications. Documentation from 5/6/14 notes the patient with a significant history of right elbow spasticity, history of chronic regional pain syndrome and multiple trigger fingers. She has tolerated physical therapy but has continued weakness and pain that is exacerbated with activity. Examination documents spasticity of the right arm and decreased range of motion of the elbow. Recommendation was made for a repeat course of physical therapy, JAS splinting, compound cream to decrease medication use, trigger point injections and paraffin wax to help warm up her arm such that when she does her stretching exercise for improvement in her symptoms. Documentation dated 4/3/14 notes that the patient has undergone previous Botox therapy to the right forearm. She has made a mild degree of improvement but continues with difficulty in active and passive range of motion exercises of the right upper extremity. She takes Norco, Flexeril and Gabapentin and notes the frequency of shaking has improved but still has pain. Compound medication, dynamic splinting, trigger point injections and physical therapy was recommended. Physical therapy note from 4/2/14 notes the use of a hot pack for pre-treatment of the right upper extremity. Documentation dated 12/4/13 notes that the patient complains of pain, stiffness, tightness and loss of right elbow motion. She also complains of diffuse right forearm, hand and wrist pain. Medications reported include Norco, Flexeril, Zantac and Prilosec. Utilization review dated 5/22/14 did not certify the request for Paraffin wax. Reasoning given was that this type of modality is recommended for arthritis, not to simply warm up an extremity, that can be done through the use of a hot pack. There is no clear indication of a need for paraffin wax bath in the current situation described, as the criteria

have not been satisfied. Follow-up documentation from July 22, 2014 notes that the patient had undergone trigger point injections with continued spasticity into the upper extremity. No further rationale for paraffin wax was provided. She is requesting an orthotic to prevent long term contracture and compound cream to ease her discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Wax for the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Heat therapy.

Decision rationale: The patient is a 43 year old with a long history of chronic problems related to her right upper extremity. The physician had requested paraffin wax to help warm up her arm such that when she does her stretching exercise for improvement in her symptoms. As stated in the utilization review, this could be done with the use of a hot pack. This modality had been previously used as documented in physical therapy note dated 4/2/14. There is no documentation in the medical records that that this has not been sufficient, as the physician had stated that she had previously tolerated her physical therapy. From Official Disability Guidelines, Paraffin wax is recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodological considerations such as the poor quality of trials. (Robinson-Cochrane, 2002) From the Official Disability Guidelines, in regards to heat therapy, the guidelines recommend at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat therapy. (Hochberg, 2001) (Michlovitz, 2002) (Michlovitz, 2004) The patient is not documented to have arthritic hands and had previously used hot packs for treatment in preparation for stretching exercises. Thus, without greater rationale from the requesting physician, paraffin wax is not considered medically necessary.