

<b>Case Number:</b>	CM14-0193226		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	11/03/2013
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Emergency Medicine 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 26 year-old female, who sustained an injury on November 3, 2013. The mechanism of injury is not noted. Pertinent diagnostics were not noted. Treatments have included: physical therapy, medications. The current diagnoses are: carpal tunnel syndrome, trigger finger, hand injury. The stated purpose of the request for 1 paraffin bath for left wrist as an outpatient was not noted. The request for 1 paraffin bath for left wrist as an outpatient was denied on October 10, 2014, citing a lack of documentation of arthritis. Per the report dated September 30, 2014, the treating physician noted improved pain. Exam findings included positive Tinel and Phalen tests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Paraffin Bath for Left Wrist as an OUTPATIENT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Forearm, Wrist & Hand (Acute and Chronic)

**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 (Acute & Chronic) (Not including "Carpal Tunnel Syndrome"), Paraffin wax baths

**Decision rationale:** The requested 1 paraffin bath for left wrist as an outpatient is not medically necessary. CA MTUS is silent and ODG noted that paraffin baths are a useful option for the treatment of arthritic hands as an adjunct to conservative care. The injured worker has improved pain. The treating physician has documented positive Tinel and Phalen tests. The treating physician has not documented the presence of arthritis. The criteria noted above not having been met, 1 paraffin bath for left wrist as an outpatient is not medically necessary.