

Case Number:	CM14-0195712		
Date Assigned:	12/03/2014	Date of Injury:	02/14/2009
Decision Date:	01/15/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/21/2014

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, has a subspecialty in Interventional Spine 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 patient is a 42 year old female with an injury date on 02/14/2009. Based on the 10/09/2014 progress report provided by the treating physician, the diagnoses are: 1. Wrist Pain, 2. Carpal Tunnel Syndrome, 3. Radial Styloid Tenosynovitis. According to this report, the patient complains of bilateral hands and wrists pain that is a 10/10 with and without the use of medications. No new problems or side-effects are noted. Physical exam of the bilateral wrist reveals tenderness over the palm, 1st extensor compartment of the wrists, and AP compression of the wrists. Finkelstein's, Tinel's test, and Phalen's Test are positive bilaterally. Jamar Grip Strength of the right hand is 5/ 5 /5; left hand is 4/5/7 in pounds. Motor strength of the bilateral thumb and fingers abduction is a 4/5. Diminished sensation to light touch is noted at the bilateral hands and fingers. Deep tendon reflexes of the bilateral biceps, bilateral brachioradialis, and bilateral triceps tendons are 1/4. The patient has been treated conservatively with medications, physical therapy as well as injection. The treatment plan is to refill meds, continue with approved acupuncture therapy, and request for paraffin wax treatments. The patient's condition is permanent and stationary. There were no other significant findings noted on this report. The utilization review denied the request for 90 Day rental of paraffin wax machine and replacement wax on 10/30/2014 on based on the ODG guidelines. The requesting physician provided treatment reports from 05/15/2014 to 10/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Day rental of paraffin wax machine and replacement wax: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 chapter: Paraffin wax

Decision rationale: According to the 10/09/2014 report, this patient presents with bilateral hands and wrists pain that is a 10/10 with and without the use of medications. The current request is for 90 Day rental of paraffin wax machine and replacement wax. Regarding paraffin wax for the hand, ODG guidelines states, "recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise)." Review of the reports do not show arthritis of the hands as diagnosis. Furthermore, Aetna Guidelines on heating devices states, "Aetna considers portable paraffin baths medically necessary DME for members who have undergone a successful trial period of paraffin therapy and the member's condition (e.g., severe rheumatoid arthritis of the hands) is expected to be relieved by long-term use of this modality." In this case, given that the patient does not present with arthritic hands, use of paraffin wax does not appear indicated. The current request is not medically necessary.