

<b>Case Number:</b>	CM14-0207450		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	05/25/2011
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Rehab 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 50-year old female with date of injury 5/25/11. The treating physician report dated 11/20/14 (165) indicates that the patient presents with pain affecting both hands and wrist with numbness and tingling. The physical examination findings reveal tenderness to palpation in the bilateral median nerve. Prior treatment history includes right carpal tunnel decompression on 10/7/14 and left wrist carpal tunnel release scheduled for 1/9/15 but it is unclear if this procedure took place. X-rays findings dated 5/31/11 reveal findings most consistent with osteoarthritis and EMG/NCV studies dated 7/3/14 (61) of the bilateral upper extremities show results consistent with bilateral carpal tunnel syndrome that is chronic, mild on the left and moderate-to-severe on the right. The current diagnoses are: - Lumbalgia/Lumbar intervertebral disc,- Carpal tunnel Syndrome- Cervical disc degenerative disc disease- Overuse syndrome/HypermobilityThe utilization review report dated 12/2/14 denied the request for Paraffin Bath (purchase) for use at home based on ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paraffin bath purchase for use at home:** 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, & Hand, Paraffin wax baths

**Decision rationale:** The patient presents with pain affecting both hands and wrist with numbness and tingling. The current request is for Paraffin Bath (purchase) for use at home. The treating physician report dated 11/20/14 (165) states, "the patient had paraffin bath with good results". Regarding paraffin wax for the hand, ODG 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 does not show a diagnosis of arthritis of the hands. 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 a diagnosis of arthritic hands, use of paraffin wax does not appear indicated therefore request is not medically necessary.