

<b>Case Number:</b>	CM14-0024295		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46-year-old female with a reported date of injury on 02/05/2013; the mechanism of injury was not provided. The injured worker's diagnoses include sprain/strain of the left elbow, lateral humeral epicondylitis of the left elbow, sprain/strain of the left wrist, ganglion cyst to the left wrist/hand, sprain/strain secondary to cumulative trauma disorder left hand, sprain/strain of the right hand secondary to favoring the left hand, and tenosynovitis of the left thumb. The injured worker has been treated with conservative measures to include 21 sessions of physical therapy, 2 sessions of chiropractic treatment, and 24 sessions of acupuncture, as well as medication use to include capsaicin gel. In addition, the injured worker has also reported to have used paraffin bath unit in the home, which was issued 11/2013; however, the injured worker reported that her condition has remained the same since utilizing this conservative treatment option. EMG/NCV studies done in 02/2013 and 06/2013 were noted to be normal overall. Additionally, an MRI of the left wrist performed in 02/2013 revealed a large ganglion cyst. The clinical note dated 12/13/2013 noted on the physical examination that the injured worker had tenderness over the lateral humeral epicondyle, over the first dorsal compartment of the left wrist, and over the radial side of the joint. At that time, the physician prescribed conservative treatment consisting of continued use of the paraffin bath unit at home for pain symptoms of the wrist and hands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paraffin 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 (chapter on the forearm, wrist and hand)

**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 California MTUS/ACOEM Guidelines do not specifically address paraffin bath. However, the Official Disability Guidelines state that paraffin wax bath may be recommended as an option for arthritic hands if used as an adjunct to a program of evidence based exercise program. There is a lack of symptomatology and objective physical findings within the documentation provided that would support the diagnoses of arthritis of the hands that would benefit from the use of this treatment option. The main diagnosis is a ganglion cyst of the wrist, for which the use of a paraffin wax bath is not an appropriate treatment. In addition, there is a lack of evidence provided within the documentation that this treatment modality has provided the injured worker therapeutic benefit as it was noted that the injured worker has been utilizing the paraffin bath at home; however, the injured worker's condition has stayed the same. Therefore, the request for a paraffin bath unit is not medically necessary.