

Case Number:	CM15-0131641		
Date Assigned:	07/17/2015	Date of Injury:	01/20/2015
Decision Date:	08/18/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/07/2015

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

Certification(s)/Specialty: Internal Medicine

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 36-year-old male who sustained an industrial injury on 1/20/15. He had complaints of head, neck, right shoulder and left knee pain. He was diagnosed with posterior cervical strain secondary to blunt trauma, sprain of the medial collateral ligament of the left knee and sprain of the right shoulder. Primary treating physician's progress report dated 6/1/15 reports continued complaints of pain in right upper extremity, right shoulder, right elbow, low back and left knee. The right elbow pain radiates up his shoulder to his neck. Medications are helpful and his pain is rated 6/10. Diagnoses include: lumbar degenerative disc disease, pain in joint of upper arm, epicondylitis, medial/lateral, cervical sprain/strain and left knee pain. Plan of care includes: Paraffin bath trial relaxed his muscles and gave mild symptom relief, request paraffin bath for home use, continue TENS unit, awaiting EMG/NCV, orthopedic evaluation of left knee and cervical MRI to rule out cervical radiculopathy. Work status: remain off work until 7/1/15. Follow up as scheduled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin bath kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand Chapter, Paraffin wax baths; Carpal Tunnel Syndrome Chapter, Paraffin wax baths and on the Non-MTUS AETNA Medical Policy and on the Non-MTUS American Academy of Orthopaedic Surgeons (AAOS).

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 Chapter Paraffin wax baths Carpal Tunnel Syndrome.

Decision rationale: Based on ODG guidelines, paraffin wax baths are 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) Paraffin bath therapy is not recommended in treating CTS patients. Paraffin therapy is a superficial heat physical agent that uses conduction to transfer heat. Its intended therapeutic effects include increasing blood flow, producing analgesic effects, decreasing chronic inflammation, improving connective tissue elasticity and stimulating general muscle relaxation. A comparative effectiveness RCT found that ultrasound (US) therapy is more effective than paraffin therapy in treating CTS patients. Patients who underwent US therapy not only experienced improvements in functional status scores compared to those receiving paraffin therapy, but also showed statistically significant improvements in their symptom severity scores and palmar pinch power. (Chang, 2014) The superior comparator in this study, ultrasound, is still not recommended. In this case, the patient does not have documentation of arthritis in his hands and based on ODG guidelines, even the quality of evidence of benefit short-term for a patient with arthritic hands is poor. Therefore based on ODG guidelines and the evidence in this case, the request for a paraffin bath kit is not medically necessary.