

Case Number:	CM15-0182492		
Date Assigned:	09/23/2015	Date of Injury:	06/08/2012
Decision Date:	12/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 49-year-old who has filed a claim for chronic wrist, hand, elbow, and shoulder pain reportedly associated with an industrial injury of June 8, 2012. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve a request for a paraffin bath device. The claims administrator referenced an August 13, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 13, 2015 the applicant reported ongoing complaints of wrist and shoulder pain. The applicant reported ongoing issues with bilateral upper extremity pain attributed to bilateral carpal tunnel syndrome. The attending provider reiterated his request for topical capsaicin, topical diclofenac cream, and a paraffin bath device, which the applicant had apparently trialed in physical therapy. The applicant was also using Ultracet for pain relief and had pending acupuncture treatments, the treating provider reported. Ultracet was renewed while the paraffin bath device was sought. The applicant was asked to continue the capsaicin-containing cream and the diclofenac-containing cream as well. The stated diagnoses were carpal tunnel syndrome, shoulder pain, and ulnar neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of Paraffin bath for wrists and hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Paraffin wax baths.

Decision rationale: No, the request for a paraffin bath device for the wrist and hands was not medically necessary, medically appropriate, or indicated here. The paraffin bath device represents immediate delivering heat therapy. While the MTUS Guideline in ACOEM Chapter 11, Table 11-4, page 264 does recommend at-home local applications of heat as a method of symptom control for applicants with forearm, wrist, and hand pain complaints, as were/are present here, by implication/analogy, the MTUS Guideline in ACOEM Chapter 11, Table 11-4, page 264 does not recommend more elaborate devices for delivering heat therapy. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities should be employed "sparingly" during the chronic pain phase of treatment. Here, however, the attending provider's August 13, 2015 office visit sought authorization for two separate topical modalities, the paraffin device at issue, and acupuncture. Such reliance on passive modalities were, thus, at odds with page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. While ODG's Forearm, Wrist, and Hand Chapter Paraffin Wax Bath topic acknowledged that paraffin wax baths are recommended as an option for applicants with arthritic hands, here, however, the stated diagnoses were carpal tunnel syndrome, ulnar neuropathy, and shoulder pain, per the August 13, 2015 office visit at issue. It did not appear that the applicant had issues with hand arthritis for which the paraffin wax bath device could be considered, per ODG. Therefore, the request was not medically necessary.