

Case Number:	CM15-0186495		
Date Assigned:	09/29/2015	Date of Injury:	07/22/2010
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/22/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 47 year old female with an industrial injury date of 07-22-2010 (cumulative trauma 07-22-2010 - 12-15-2010). Medical record review indicates she is being treated for trigger finger. Subjective complaints (08-31-2015) included neck pain radiating down to her shoulders, pain and cramping from her neck up to her head, pain in her right shoulder that radiates to her hand and fingers, pain and weakness in right hand, and stiffness in her fingers especially in the morning. The injured worker indicated she did not have any new symptoms since her last visit and felt her condition remained the same. Work status (08-31-2015) is documented as "not working." Physical exam (08-31-2015) revealed tenderness of the cervical spine and pain with range of motion. Other physical findings included trigger finger to her right middle finger. Prior treatment included cortisone injection to the right middle finger trigger and medications. Current medications included Motrin and Zantac (before taking non-steroidal anti-inflammatory drug) due to gastrointestinal complaints. The treating physician documented, "Requesting authorization for a trial of a home paraffin wax kit." "Goal is to decrease pain and stiffness in her fingers." "No relief with conservative treatment." She has difficulties performing her activities of daily living." The treatment request is for paraffin wax kit # 1. On 09-14-2015 the request for Paraffin Wax Kit #1 was non-certified by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Wax Kit # 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist, and Hand (Chronic and Acute).

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 (Acute & Chronic) (Not including “Carpal Tunnel Syndrome”), Paraffin wax baths.

Decision rationale: The CA MTUS is silent concerning the use of paraffin wax baths; however, the cited ODG recommends it as an option for arthritic hands when used as an adjunct to evidence-based conservative care (exercise). In the case of this injured worker, recent treating provider notes from 08-31-2015 identify the use of paraffin wax as a way to reduce pain and stiffness in her fingers, along with continuing her home exercises. However, the provided documentation did not note the diagnosis of arthritis involving the hands. Therefore, the request for paraffin wax kit #1 is not medically necessary and appropriate.