

<b>Case Number:</b>	CM15-0197399		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	11/15/2013
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: Connecticut, California, Virginia  
 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:

This injured worker is a 63 old male, who sustained an industrial injury on 11-15-2013. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, post - op right CT release, bilateral medial epicondylitis and post-operative right and left carpal tunnel release. On medical records dated 08-20-2015, the subjective complaints were noted as right wrist stiffness, deep soreness and pain of palm was noted to be getting worse. Objective findings were noted as right and left range of motion was noted as full, positive Phalen's and Tinel's sign. Treatments to date included medication, steroid injections, surgical intervention and physical therapy. The injured worker was noted to be not working. Current medications were listed a Voltaren gel and Ibuprofen. The Utilization Review (UR) was dated 10-07-2015. A Request for Authorization was dated 09-29-2015 paraffin bath for bilateral carpal tunnel syndrome, QTY: 1 was submitted. The UR submitted for this medical review indicated that the request for paraffin bath for bilateral carpal tunnel syndrome, QTY: 1 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paraffin bath for bilateral carpal tunnel syndrome, QTY: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Carpal Tunnel Syndrome (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Paraffin for carpal tunnel BMC Musculoskelet Disord. 2014 Nov 26; 15: 399. doi: 10.1186/1471-2474-15-399. Comparative effectiveness of ultrasound and paraffin therapy in patients with carpal tunnel syndrome: a randomized trial. Chang YW, Hsieh SF, Horng YS, Chen HL, Lee KC, Horng YS1.

**Decision rationale:** Paraffin therapy is not discussed by the MTUS, and therefore the current literature provides the preferred mechanism for assessing medical necessity of the request in this case. A recent study indicates that the combination of ultrasound therapy with a wrist orthosis may be more effective than paraffin therapy with a wrist orthosis. At this time, the evidence does not support use of paraffin in CTS, and therefore the request cannot be considered medically necessary at this time.