

Case Number:	CM15-0205461		
Date Assigned:	10/22/2015	Date of Injury:	06/10/2014
Decision Date:	12/14/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/20/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 female, who sustained an industrial injury on 06-10-2014. A review of the medical records indicates that the worker is undergoing treatment for bilateral wrist carpal tunnel syndrome status post surgery in 2010, bilateral de Quervain's, bilateral tendonitis, left internal and external epicondylitis, left ulnar irritation, cervical sprain and bilateral trapezius sprain. Subjective complaints (07-06-2015, 08-20-2015 and 09-14-2015) included bilateral upper extremity, neck and shoulder pain with difficulty opening jars and gripping. Pain was noted to go up to 10 out of 10. Objective findings (07-06-2015, 08-20-2015 and 09-14-2015) included tenderness of the neck, bilateral hands and left elbow with positive Phalen's and Finkelstein's tests of the bilateral wrists and positive Tinel's sign of the right wrist. Treatment has included Cyclobenzaprine, Diclofenac, transcutaneous electrical nerve stimulator (TENS) unit and a home exercise program. On 08-20-2015, the physician noted that the worker had undergone a Paraffin bath trial which had relaxed the worker's wrist joint and provided mild symptom relief and that paraffin bath kit for home use was being requested. The degree of pain relief obtained was not quantified and there was no documentation of an improvement in quality of life or activities of daily living with use. A utilization review dated 09-23-2015 non-certified a request for Paraffin bath kit.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Paraffin bath treatments.

Decision rationale: Guidelines state that paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic, but are not recommended for treatment of carpal tunnel syndrome which is treated with rehabilitation and pain management. The medical documents provided did not suggest a diagnosis of arthritis. As such, the request for paraffin wax bath treatments is not medically appropriate or necessary.