

Case Number:	CM15-0220749		
Date Assigned:	11/13/2015	Date of Injury:	10/01/2012
Decision Date:	12/24/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 60 year old male who sustained an industrial injury on October 1, 2012. Medical records indicated that the injured worker was treated for left forearm and left shoulder pain. Medical diagnoses include lateral and medial epicondylitis, right shoulder tenosynovitis. In the provider notes dated October 10, 2015 the injured worker complained of left elbow and forearm pain with stiffness and weakness. He rates his pain 4 on the pain scale. On exam, the documentation stated there was decreased sensation and strength of the left elbow. There was no swelling or edema with normal range of motion. There is tenderness to palpation of lateral and medial epicondylar regions. The treatment plan includes medications, MRI of left shoulder, TENS unit, home exercise program and surgical consultation. A Request for Authorization was submitted for paraffin bath treatment left elbow. The Utilization Review dated October 21, 2015 denied the request for paraffin bath treatment left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Bath Treatment Left Elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Carpal Tunnel.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Medial Epicondylalgia, Lateral Epicondylalgia. Decision based on Non-MTUS Citation Forearm, wrist, hand- Paraffin wax baths and Carpal tunnel syndrome-Paraffin bath therapy.

Decision rationale: Paraffin bath treatment left elbow is not medically necessary per the MTUS Guidelines and the ODG. The ODG states that paraffin bath therapy is not medically necessary for carpal tunnel syndrome. The ODG states that 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. The MTUS states that there are a variety of physical methods which may be appropriate to use in the treatment of lateral epicondylalgia. Published randomized controlled trials (RCTs) are needed to provide better evidence for the use of many physical interventions that are commonly employed. Some providers use a variety of procedures; yet conclusions regarding their effectiveness are not based on high-quality studies. Included among these interventions are epicondylalgia supports, exercise, heat/cold packs, manipulation, massage, friction massage, soft tissue mobilization, biofeedback, transcutaneous electrical neurostimulation (TENS), electrical stimulation (E-STIM), magnets, diathermy, and acupuncture. The MTUS does not specifically address paraffin but there is no specific support for this treatment in the MTUS or the ODG. Additionally, this treatment is meant for short term use and the request does not specify a duration or frequency for this treatment. The request for paraffin bath treatment is not medically necessary.