

Case Number:	CM15-0030486		
Date Assigned:	02/24/2015	Date of Injury:	08/19/2014
Decision Date:	04/07/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/18/2015

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, Massachusetts
 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 injured worker was a 34 year old female, who sustained an industrial injury, August 19, 2014. According to progress note of December 31, 2014, the injured workers chief complaint was struggling with right hand motion and dropping objects. The physical exam noted no restrictions of the right wrist but, trigger finger of the right long finger and hand spasms. The injured worker was diagnosed with right carpal tunnel syndrome and trigger finger of the right long finger. The injured worker previously received the following treatments physical therapy, occupational therapy, status post right endoscopic carpal tunnel syndrome release on October 20, 2014, Motrin for pain, bracing and ergonomic modifications prior to surgery. January 7, 2015, the primary treating physician requested authorization for paraffin bath for the right hand and wrist for purchase. On January 16, 2015, the Utilization Review denied authorization for paraffin bath purchase. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Bath for the right hand and right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Paraffin Wax Bath.

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, and Hand- Paraffin Wax Bath.

Decision rationale: According to ODG treatment guidelines (ACOEM and MTUS are silent), paraffin wax bath is "recommended as an option for arthritis hands if used in adjunct to a program of evidence-based conservative care. It can be recommended for beneficial short-term effects for arthritic hands." The injured worker has been diagnosed with both carpal tunnel syndrome and trigger finger. I did not find evidence of diagnosis of arthritis in the medical records nor did I find clinical guidelines to support treatment for the patient's conditions.