

<b>Case Number:</b>	CM15-0088650		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	08/20/2010
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Montana

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 64-year-old female sustained an industrial injury on 8/20/10. She subsequently reported right hand pain. Diagnoses include right lateral epicondylitis, right de Quervain's tenosynovitis right carpal tunnel syndrome and right radial tunnel syndrome. Treatments to date include x-ray and MRI testing, modified work duty, right wrist surgery and prescription pain medications. The injured worker continues to experience bilateral hand pain. On examination, she has pain and tenderness to resisted wrist extension over the right lateral epicondyle, the medial epicondyle is normal, there is tenderness over the radial tunnel, negative Tinel's test at cubital tunnel and wrist. A request for hand paraffin wax machine purchase was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand paraffin wax machine purchase:** 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 baths.

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

**Decision rationale:** The MTUS does not address the use of paraffin wax baths. The ODG guidelines recommend paraffin wax baths 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. (Robinson-Cochrane, 2002) Paraffin bath therapy is not recommended in treating carpal tunnel syndrome patients. There is no recommendation for use of paraffin wax baths for lateral epicondylitis, DeQuervains tenosynovitis or radial tunnel syndrome. The request for hand paraffin wax machine purchase is not supported by the ODG guidelines and is not medically necessary.