

Case Number:	CM14-0114858		
Date Assigned:	09/16/2014	Date of Injury:	09/10/2012
Decision Date:	12/18/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine, and is licensed to practice in California & Washington. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old female who reported an injury on 09/10/2012. The mechanism of injury was not provided. On 09/29/2014, the injured worker presented with a followup. Upon examination, there was tenderness to palpation over the left shoulder noted in the triceps. Examination of the bilateral hands revealed no swelling, redness, nodules, deformity or atrophy. There was tenderness to palpation noted over the metacarpal phalangeal joint of the thumb, index finger, middle finger, ring finger, and little finger. There is a positive Finkelstein's test noted. The diagnosis was de Quervain's tenosynovitis, arthropathy of the bilateral hands, and regional myofascial pain syndrome of the neck and shoulder girdle. Medications included ibuprofen. The provider recommended a paraffin wax bag with tub; there was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Wax times 2 bags with tub: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 285.

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 baths.

Decision rationale: The request for paraffin wax times 2 bags with tub are not medically necessary. The Official Disability Guidelines state paraffin wax bath is an option for arthritic hands if used as an adjunct to a program of evidence based conservative care or exercise. Paraffin wax bags, combined with exercises, can be recommended for beneficial short term effects for arthritic hands. The injured worker does not have a diagnosis congruent with the guideline recommendation for a paraffin wax bath. The provider does not submit a rationale. Additionally, the body part at which the paraffin wax bags and tub was indicated for was not provided in the request as submitted. As such, medical necessity has not been established.