

Case Number:	CM14-0120729		
Date Assigned:	10/09/2014	Date of Injury:	09/29/2010
Decision Date:	11/18/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/31/2014

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 Orthopedic Surgery, and is licensed to practice in California. 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:

This 52-year-old male sustained an industrial injury on 9/29/10. Injury occurred when he was pushing a large object and felt a pop in his right wrist with immediate pain. He had a long history of bilateral SLAC (scaphoid lunate advanced collapse) wrist. Past surgical history was positive for a right scaphoidectomy and 4-corner fusion on 4/10/12, and left scaphoidectomy and 4-corner fusion on 10/26/12. The patient subsequently underwent left wrist fusion plate and screw removal on 4/3/14. Records indicated that the patient was diagnosed with bilateral wrist sprain; carpal instability and osteoarthritis status post bilateral carpal 4-corner fusion and associated scaphoidectomy. The 7/1/14 EMG/NCV findings documented left cubital tunnel syndrome, right moderate carpal tunnel syndrome, and left moderate to severe carpal tunnel syndrome. The 7/7/14 treating physician report cited an onset of left hand numbness soon after the hardware was removed and he could start using the left hand more. Physical exam documented left wrist volar flexion of 36 degrees and dorsiflexion 40 degrees. Grip was symmetrical. There was no numbness or tingling at rest. Tinel's was negative but carpal tunnel compression caused tingling to radiate into the left fingers. Pressure on the ulnar nerve at the elbow caused tingling to radiate into the left small finger. The treatment plan recommended wrist widgets for both wrists for daytime use, carpal tunnel syndrome braces for nighttime use, and a Heelbo for the left side for nighttime use. The 7/8/14 authorization form requested left carpal tunnel corticosteroid injection and home paraffin bath with supplies. The 7/11/14 utilization review certified a left carpal tunnel corticosteroid injection and denied the request for home paraffin wax and supplies. The rationale for denial of the home paraffin unit was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home paraffin wax and supplies: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 & Hand, Paraffin wax baths

Decision rationale: The California MTUS guidelines are silent regarding the use of paraffin wax. The Official Disability Guidelines recommend paraffin as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). Guideline criteria have been met. This patient is status post bilateral scaphoidectomy and 4-corner fusion in 2012. He has been diagnosed with bilateral wrist osteoarthritis. Home paraffin wax is supported as part of a home program which includes exercise. A home exercise program has been documented. Therefore, this request is medically necessary.