

<b>Case Number:</b>	CM14-0121458		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/07/2002
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Pain Management, 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:

The injured worker is a 52 year old female with a date of injury on May 7, 2002. The mechanism of injury was not indicated. She was status post release of tendon sheath for trigger thumb, tenosynovectomy and excision of cyst with the substance of the flexor pollicis longus tendon and tenoplasty on April 21, 2014. In a progress note dated May 7, 2014 it was indicated that her post-operative surgical incision was well-healed and the sutures were removed. She was able to move the interphalangeal thumb joint without triggering. She was recommended to undergo a course of hand therapy at a frequency of twice a week for four to six weeks. This is a review of the requested durable medical equipment, paraffin unit with lavender wax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment (DME) -Paraffin unit with Lavender Wax:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**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 medical records received have limited information to support the necessity of the paraffin unit with lavender wax. As per the Official Disability Guidelines, 2011 paraffin bath wax is recommended for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). There were no subjective complaints and objective findings of arthritis of the hands which is the main indication for the recommendation of such durable medical equipment. Additionally, the injured worker is status post release of tendon sheath for trigger thumb, tenosynovectomy and excision of cyst with the substance of the flexor pollicis longus tendon and tenoplasty. The guidelines were silent with regard to the use of such durable medical equipment for post-operative care for conditions such as this. Therefore, the medical necessity of the paraffin unit with lavender wax is not medically necessary.