

Case Number:	CM14-0148093		
Date Assigned:	09/18/2014	Date of Injury:	10/01/2003
Decision Date:	10/16/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/11/2014

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 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 55 year-old patient sustained an injury on 10/1/2003 while employed by [REDACTED]. Request(s) under consideration include Paraffin Bath Unit purchase. Diagnoses include carpal tunnel syndrome, shoulder impingement and head and neck symptoms. Conservative care has included acupuncture, physical therapy, chiropractic treatment, medications, and modified activities/rest. Medications list Tylenol, Gabapentin, and Ambien. Electrodiagnostic studies on 5/7/12 showed mild median neuropathy bilaterally. X-rays of wrist showed no abnormalities with no evidence for fracture, arthritis, or calcifications. X-rays of shoulder showed no arthritis, calcification, or pathological findings. X-ray of right elbow showed small calcification along medial epicondyle. AME report of 5/7/12 noted patient to be P&S with future medical care provision for access to orthopedist, over-the-counter and prescription anti-inflammatory pain medications with consideration for cortisone injection if shoulder problems persist. Report of 8/7/14 from the provider noted the patient with ongoing chronic right shoulder pain. Exam showed restricted range in all planes of flex/ ext/ abd/ add/ IR/ ER of 140/30/120/24/50/60 degrees respectively; tenderness over AC joint. Treatment included home exercise and paraffin bath unit including accessories of mitten, wax, liners, and terrycloth. The request(s) for Paraffin Bath Unit purchase was non-certified on 8/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Bath Unit 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, Knee & Leg

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, page 172

Decision rationale: This 55 year-old patient sustained an injury on 10/1/2003 while employed by [REDACTED]. Request(s) under consideration include Paraffin Bath Unit purchase. Diagnoses include carpal tunnel syndrome, shoulder impingement and head and neck symptoms. Conservative care has included acupuncture, physical therapy, chiropractic treatment, medications, and modified activities/rest. Medications list Tylenol, Gabapentin, and Ambien. Electrodiagnostic studies on 5/7/12 showed mild median neuropathy bilaterally. X-rays of wrist showed no abnormalities with no evidence for fracture, arthritis, or calcifications. X-rays of shoulder showed no arthritis, calcification, or pathological findings. X-ray of right elbow showed small calcification along medial epicondyle. AME report of 5/7/12 noted patient to be P&S with future medical care provision for access to orthopedist, over-the-counter and prescription anti-inflammatory pain medications with consideration for cortisone injection if shoulder problems persist. Report of 8/7/14 from the provider noted the patient with ongoing chronic right shoulder pain. Exam showed restricted range in all planes of flex/ ext/ abd/ add/ IR/ ER of 140/30/120/24/50/60 degrees respectively; tenderness over AC joint. Treatment included home exercise and paraffin bath unit including accessories of mitten, wax, liners, and terrycloth. The request(s) for Paraffin Bath Unit purchase was non-certified on 8/15/14. Paraffin bath unit for wax treatment is a passive modality providing concentrated heat that may be a short-term option for arthritis per guidelines. The patient had mild median neuropathy on electrodiagnostic; however, current reports have no clinical findings demonstrating any local neurological deficits without diagnoses for arthritis. ODG states the paraffin wax bath is recommended 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. Submitted reports have not adequately demonstrated support or medical indication for this paraffin unit. The Paraffin Bath Unit purchase is not medically necessary and appropriate.