

<b>Case Number:</b>	CM14-0175584		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	03/01/2001
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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. 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 is a 61-year-old male who suffered a work related injury on 03/01/2001 from repetitive trauma. Diagnosis is carpal tunnel syndrome. A hand written physician note dated 9/2/2014 documents the injured worker has pain, loss of range of motion, spasm, numbness and weakness of the wrists. The injured worker is temporarily totally disabled. The request is for paraffin bath for wrists. Utilization Review non-certified the request for paraffin bath for both wrists citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines, and Official Disability Guidelines. Paraffin baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidenced-based conservative care (exercise). The medical necessity for a specialized paraffin bath unit was not established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paraffin bath for wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, Chronic Pain Treatment Guidelines Page(s): page 1. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition Chapter 7 Independent Medical Examinations and Consultations page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, wrist and hand section, Paraffin baths

**Decision rationale:** Pursuant to the Official Disability Guidelines, paraffin baths for the wrists are not medically necessary. Paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). Paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. In this case, the injured worker's working diagnoses are stress and anxiety; hypertension; headaches; and myofascial (illegible). The remainder of the diagnoses are illegible. Subjectively, the injured worker complains of neck, upper back and low back pain decreased range of motion. Objectively, the physician used a check the box format which was illegible and of poor quality. The plan indicated a paraffin bath for home use wrists/hands carpal tunnel syndrome. Paraffin baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). There is no clinical evidence of arthritis. There is no clinical indication or rationale for the paraffin bath for home use documented medical record. Consequently, paraffin baths with wrists are not medically necessary.