

Case Number:	CM14-0211285		
Date Assigned:	12/24/2014	Date of Injury:	04/22/2008
Decision Date:	02/27/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/17/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic hand and wrist pain reportedly associated with cumulative trauma at work between the dates of July 30, 1993 through present. In a Utilization Review Report dated December 4, 2014, the claims administrator approved a request for six sessions of physical therapy and carpal tunnel braces while denying a home paraffin bath. The claims administrator referenced an RFA form received on November 23, 2014, in its determination. The applicant's attorney subsequently appealed. In an December 16, 2014, progress note, the applicant reported persistent complaints of bilateral hand or wrist pain secondary to carpal tunnel syndrome, reportedly electrodiagnostically confirmed. Wrist braces were apparently endorsed in the clinic setting. The note was sparse, handwritten, and employed preprinted checkboxes, it was difficult to follow. The paraffin bath at issue was endorsed via an RFA form dated October 28, 2014. In an associated progress note of the same date, the applicant was given previously employed permanent limitations. Ongoing complaints hand and wrist pain secondary to carpal tunnel syndrome were reported. It did not appear that the applicant was working with previously with permanent limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Paraffin Bath: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines-Treatment in Workers' Compensation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, passive modalities such as the home paraffin bath at issue should be employed "sparingly" during the chronic pain phase of the claim, and only in conjunction with active therapy. Here, the attending provider did not clearly state what propose the paraffin wax bath at issue was intended. The attending provider did not outline how he intended for the applicant to use the paraffin bath in conjunction with an active rehabilitation program and/or program of functional restoration. The paraffin wax bath, it is further noted, represented the means of delivering heat therapy. While the MTUS Guideline in ACOEM Chapter 11, Table 11-4, page 264, does not endorse at-home local applications heat as means of symptom control for forearm, hand, and wrist pain complaints as are/were present here, by implication, ACOEM does not support more elaborate devices for delivering heat therapy, such as the paraffin wax bath device. Therefore, the request was not medically necessary.