

Case Number:	CM15-0015698		
Date Assigned:	02/03/2015	Date of Injury:	02/19/2013
Decision Date:	03/26/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/27/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 38 year old male, who sustained an industrial injury on 02/19/2013. He has reported left wrist pain and low back pain. The diagnoses have included acute lumbar strain; acute laceration of the left ulnar hand and left wrist with ulnar neuropraxia; and left hand arthrofibrosis. Treatment to date has included medications, occupational therapy, physical therapy, and surgical intervention. External neurolysis and tenolysis of the flexor at the ulnaris tendon was performed on 06/17/2014. Currently, the injured worker complains of ongoing pain in his left wrist, left hand, and lower back. Medications and rest are noted to be helping with the pain, and physical therapy has increased range of motion. A treating physician's progress note, dated 12/12/2014, reported objective findings to include significant decreased range of motion of the left wrist; decreased sensation at the ulnar aspect of the left hand; and lumbar spine tenderness over the midline and paraspinal equally. The plan of treatment includes requests for physical therapy for the left hand; paraffin wax bath; gym membership; TENS unit 30 day trial; and chiropractic therapy for the lumbar spine. On 12/31/2014 Utilization Review noncertified a Paraffin wax bath for the left wrist. The Official Disability Guidelines were cited. On 01/27/2015, the injured worker submitted an application for IMR for review of Paraffin wax bath for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin wax bath for the left wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Paraffin wax baths, <http://www.odg-twc.com/index.html>

Decision rationale: According to ODG guidelines, Paraffin wax baths: 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. (Robinson-Cochrane, 2002). There is no clinical evidence that the patient is suffering from hand arthritis or any evidence a combined exercise program is scheduled. Therefore the request is not medically necessary.