

<b>Case Number:</b>	CM15-0116288		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	05/09/2012
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 53 year old male who reported an industrial injury on 5-9-2012. His diagnoses, and or impression, were noted to include right thumb sprain with amputation of the tip - reattached; and right thumb replant. No current imaging studies were noted. His treatments were noted to include a panel qualified medical evaluation; reconstructive thumb surgery; medication management; and modified work duties. The progress notes of 3-30-2015 reported swelling and moderate pain to the right hand and thumb that was aggravated and radiated with use, that he was without feeling in his thumb, and that he was easily angered, had occasional panic attacks, felt depressed, and that he gained weight resulting in headaches and high blood pressure. The history notes high blood pressure and hypercholesterolemia. Objective findings were noted to include no acute distress; a well-healed surgical scar at the tip of the right hand thumb; and tenderness over the flexor and extensor surfaces. The physician's requests for treatments were noted to include Paraffin baths for the thumb.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paraffin bath 2 times a week for 4 weeks thumb:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), forearm, wrist and hand.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p 128.

**Decision rationale:** The claimant sustained a work injury to the right thumb in May 2012 and required reconstructive surgery. When seen, he was having pain and swelling over the previous three weeks. He was having numbness and tingling radiating towards the elbow. Physical examination findings included flexor and extensor surface tenderness with decreased sensation and strength. Authorization for 8 paraffin bath treatment sessions was requested. There are many forms of heat therapy with varying penetration depths. Paraffin wax treatment can be effective for superficially located pain involving the hands and fingers. Guidelines recommend against the application of heat therapy modalities by a healthcare provider when the patient can perform this independently. This would include use of a home paraffin wax system. The request for paraffin wax treatments is not medically necessary.