

Case Number:	CM15-0120052		
Date Assigned:	07/02/2015	Date of Injury:	03/16/2015
Decision Date:	07/30/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/22/2015

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:

The injured worker is a 42 year old female who sustained an industrial injury on March 16, 2015. She has reported injury to the right shoulder, right medial and lateral elbow, and right hand wrist and has been diagnosed with DeQuervains tenosynovitis, right lateral epicondylitis, right shoulder sprain, thoracic spine pain, repetitive strain injury, and neck sprain. Treatment has included splinting, ice, medications, modified work duty, acupuncture, and physical therapy. Right wrist showed limited range of motion that was painful. There was tenderness to palpation of the dorsal elbow/forearm bilateral arms. There was localized tenderness to the radial wrist/thumb. There was tenderness to palpation of the medial elbow on the left. There was tenderness to palpation De Quervain's tendon on the right thumb. The treatment request included paraffin wax bath machine and wax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin wax bath machine and wax: 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 & Hand Chapter (Online Version); ODG, Carpal Tunnel Syndrome Chapter (Online Version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Forearm, Wrist, & Hand (Acute & Chronic), Paraffin wax baths (2) Forearm, Wrist, & Hand (Acute & Chronic), Cold/heat packs.

Decision rationale: The claimant sustained a work injury in March 2015 and continues to be treated for right shoulder, elbow, wrist, and hand pain due to a repetitive strain injury. When seen, she was under stress at home and at work. She was having constant right arm pain and now had complaints of left elbow pain. She was unable to take NSAID medications due to colitis. She had completed 12 physical therapy treatment sessions with temporary relief. Physical examination findings included decreased and painful wrist and elbow range of motion. Finkelstein test and was positive. There was elbow, wrist, and thumb tenderness. There was decreased right grip strength. Diagnoses included right lateral epicondylitis and DeQuervain's tenosynovitis. Authorization for a paraffin wax unit was requested. There are many forms of heat therapy with varying penetration depths. Paraffin wax treatment can be effective for arthritic pain involving the hands and fingers. In this case, there is no diagnosis of hand or finger arthritis. Simple, low-tech thermal modalities such as heat and / or ice packs would meet the claimant's needs. The requested paraffin wax unit was not medically necessary.