

<b>Case Number:</b>	CM15-0120793		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 46-year-old female patient, who sustained an industrial/work injury on 2/14/12. The diagnoses include bilateral carpal tunnel syndrome, right carpal tunnel release, right rotator cuff tendinitis, cervicogenic headache, and right acromioclavicular joint arthritis. Per the primary physician's progress report (PR-2) dated 4/15/15, she had complains of continued pain in hands associated with numbness and tingling with pain rated 5/10. The physical examination revealed normal range of motion and no tenderness, Tinel's sign positive on the left, sensation decreased in the left thenar and index finger. The medications list includes relafen, voltaren gel and gabapentin. She has had EMG/NCS dated 12/30/2014, which revealed left carpal tunnel syndrome. She has undergone right carpal tunnel release on 2/23/2015. Current plan of care included medication, acupuncture, and paraffin wax bath for home use. The requested treatments include paraffin wax bath.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paraffin wax bath:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Carpal tunnel syndrome chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Forearm, Wrist, & Hand (updated 06/29/15) Paraffin wax baths.

**Decision rationale:** Paraffin wax bath: ACOEM and CA MTUS do not address this request. Per the ODG forearm and wrist chapter, paraffin wax bath is "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." The cited guidelines recommend paraffin wax bath for arthritic hands. Any evidence of arthritis of hands is not specified in the records provided. There is no high-grade scientific evidence to support the paraffin wax bath for this diagnosis. In addition, response to prior conservative therapy including physical therapy is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. The request for Paraffin wax bath is not medically necessary for this patient.