

Case Number:	CM15-0176841		
Date Assigned:	09/17/2015	Date of Injury:	07/15/2014
Decision Date:	10/23/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/08/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 35 year old male injured worker suffered an industrial injury on 7-15-2014. The diagnoses included traumatic crush injury of the right hand and wrist. On 8-8-2015 the treating provider reported pain, numbness and tingling to the right elbow, wrist and hand. On exam there was tenderness to the ulnar aspect of the wrist and dorsum of the hand and over all of the fingers of the right hand. There was reduced range of motion to the right wrist. The provider reported he continued to improve after surgery. Prior treatments included 7-14-2015 right carpal tunnel release and right ulnar transposition, physical therapy and medication. The Utilization Review on 8-31-2015 determined non-certification for Post-operative paraffin kit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative paraffin kit for home use: 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: Paraffin wax baths.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Paraffin wax baths.

Decision rationale: Pursuant to the Official Disability Guidelines, postoperative paraffin kit (for home use) is not medically necessary. Paraffin is recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care. In this case, the injured worker's working diagnoses are cervical spine sprain strain; right shoulder sprain strain; tendinitis/impingement syndrome right shoulder with significant rotator cuff tear; traumatic crush injury; and status post cubital tunnel release and ulnar nerve release at Guyon's canal, right elbow and wrist. Date of injury is July 15, 2014. Request for authorization is August 24, 2015. According to an August 6, 2015 progress note, subjective complaints include pain, shoulder pain on the right with stiffness and elbow, wrist and hand pain. The injured worker is status post cubital tunnel syndrome and ulnar nerve release. The treating provider requested a postoperative paraffin kit. There is no clinical indication or rationale for the paraffin kit postoperatively. Paraffin is recommended for arthritic hands as an adjunct to a program of evidence-based conservative care. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for paraffin kit postoperatively, postoperative paraffin kit (for home use) is not medically necessary.