

Case Number:	CM15-0075066		
Date Assigned:	04/24/2015	Date of Injury:	05/20/2013
Decision Date:	05/22/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/20/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old female who sustained an industrial injury on 5/20/13. The diagnoses have included left elbow strain/sprain, left carpal tunnel syndrome, left wrist internal derangement and left hand tenosynovitis. Treatment to date has included medications, diagnostics, splinting, and physical therapy. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left wrist. The current medications included topical compounded medications. Currently, as per the physician progress note dated 3/18/15, the injured worker complains of constant mild and aching left elbow, left wrist and left hand pain. The objective findings revealed tenderness in the left elbow and muscle spasm of the forearm. There was decreased range of motion in the left wrist, tenderness, and positive Tinel's and Phalen's tests. The left hand revealed tenderness of the palmar aspect. Treatment plan was to continue chiropractic, pending request for compression glove and continue with paraffin wax treatments as they are helping and she is able to perform her activities of daily living (ADL). The physician requested treatment included Para Bath with wax for home care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Para Bath with 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 and Hand Chapter, 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, & Hand, Paraffin Wax Baths, page 172.

Decision rationale: ODG states the 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. These conclusions are limited by methodological considerations such as the poor quality of trials. Submitted reports have not adequately demonstrated support or medical indication for this paraffin unit for diagnosis of strain/sprain, CTS, and tenosynovitis. The Para Bath with wax is not medically necessary and appropriate.