

<b>Case Number:</b>	CM15-0092911		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Arizona, 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:

The injured worker is a 35 year old female, who sustained an industrial injury on 9/8/11. The injured worker has complaints of hypersensitivity over the area of the incision from left ulnar nerve transposition and her left shoulder anterior capsular repair. The documentation noted that she has a well-healed surgical incision, there is some tenderness through this area and has full range of motion of the elbow, wrist and digits. The diagnoses have included ulnar nerve lesion. Treatment to date has included left ulnar nerve transposition with flexor pronator lengthening on 2/12/15 and shoulder therapy. The request was for therabath TB6 with paraffin wax; disposable liners and therabands in blue and green.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therabath TB6 with Paraffin Wax:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hand Chapter page 26.

**Decision rationale:** According to the guidelines, Paraffin is recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). In this case, the claimant did not have arthritis but rather ulnar nerve transposition surgery. The Paraffin is considered an option and not a medically necessity.

**Disposable Liners:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hand Chapter, page 26.

**Decision rationale:** According to the guidelines, Paraffin is recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). In this case, the claimant did not have arthritis but rather ulnar nerve transposition surgery. The Paraffin is considered an option and not a medically necessity; therefore the liners used for the Paraffin is not medically necessary.

**Therabands in blue and green:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98 and 99.

**Decision rationale:** According to the guidelines, 8-10 visits of therapy is recommended for most musculoskeletal diagnosis. In this case, the specific order for therapy post-operatively was not provided. The exercises to be performed or the necessity of Therabands was not noted for post-operative elbow or hand function. The request for Therabands is not medically necessary.