MAXIMUS Federal Services

Case Number:	CM15-0096063		
Date Assigned:	05/26/2015	Date of Injury:	10/23/2013
Decision Date:	06/30/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/19/2015

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: Orthopedic Surgery, Hand Surgery, Sports 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 injured worker is a 38-year-old male, who sustained an industrial injury on October 23, 2013. The injured worker was diagnosed as having status post left wrist surgery, wrist strain/sprain and gastritis. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit, topical and oral medication, paraffin wax treatment and surgery. A progress note dated April 1, 2015 the injured worker complains of severe constant left wrist pain with numbness in the fingers and stiffness of the wrist. The pain is rated 9/10. Physical exam notes tenderness on palpation, well healed surgical scar and painful decreased range of motion (ROM). The plan includes paraffin treatment, electromyogram, nerve conduction study, sleep screening, Transcutaneous Electrical Nerve Stimulation (TENS) unit and Lido Pro ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro In-House Paraffin Wax treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome - Paraffin bath therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

Decision rationale: The request is for paraffin wax treatment of very long standing symptoms dating back to an October 23, 2013 injury. The CA MTUS notes that passive therapy such as heating with warm wax" can provide short term relief during the early phases of paint treatment." This case is well beyond the early phases of treatment and there is no reasonable expectation of lasting relief with the proposed paraffin bath therapy. A June 28, 2015 PubMed search identified no evidence of efficacy of paraffin bath therapy in this setting. Therefore, the request is not medically necessary.