

Case Number:	CM15-0096425		
Date Assigned:	05/26/2015	Date of Injury:	12/04/2002
Decision Date:	06/30/2015	UR Denial Date:	05/13/2015
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, North Carolina
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 55 year old female, who sustained an industrial injury on 12/4/2002. The mechanism of injury is unknown. The injured worker was diagnosed as having carpal tunnel syndrome, neck pain brachial plexus lesions and lumbosacral sprain. There is no record of a recent diagnostic study. Treatment to date has included left wrist brace, home exercises and medication management. In a progress note dated 4/9/2015, the injured worker complains of increased left hand/numbness pain, low back pain that occasionally radiates to the bilateral lower extremities and residual neck pain. Physical examination showed positive bilateral carpal tunnel compression test. The treating physician is requesting para-bath unit and wax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Parabath unit and 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), 2015 - Carpal Tunnel Syndrome, Paraffin bath therapy.

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, paraffin bath.

Decision rationale: The CA MTUS does not address paraffin wax treatments for carpal tunnel syndrome. The ODG Guidelines do recommend paraffin wax baths as an option for arthritic hands if used in conjunction with a program of evidenced-based conservative care (exercise). Wax baths are useful in the treatment of rheumatoid arthritis. In this case, there is no evidence of osteoarthritis or rheumatoid arthritis of the hands. There is no evidence that paraffin wax baths have any beneficial effect in carpal tunnel syndrome. Therefore, the request is not medically necessary or appropriate.