

Case Number:	CM14-0143783		
Date Assigned:	09/12/2014	Date of Injury:	09/03/2012
Decision Date:	10/20/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43 year old female who suffered a work related injury on 09/03/12. Mechanism of injury was not described. She was status post carpal tunnel release. The injured worker had complaints of pain in the left hand and paresthesias in the median nerve distribution for the last five months. She also complained of pain in the radial sided wrist and palm pain. She stated her paresthesias awakened her at night with positive shake test. Her treatment to date included splinting, both during the day and at night, anti-inflammatories and Vicodin and eight sessions of therapy. Physical examination in 01/13 revealed tenderness over the second and third digit A1 pulley and palpable nodules but no active locking or triggering. Tenderness was noted over the first dorsal compartment with positive Finklestein. Tinel and Phalen signs were positive. Compression with thumb abductor weakness was also noted. X-rays revealed no bony ligamentous abnormalities. EMG/NCV confirmed moderate left carpal tunnel syndrome. She was recommended to undergo carpal tunnel release to address her carpal tunnel syndrome. With regard to her deQuervain tenosynovitis and stenosing tenosynovitis, cortisone injections were recommended. She was injected in the left first dorsal compartment and left second digit A1 pulley under sterile conditions. She had fabrication of thumb spica splint and course of physical therapy. From 01/21/13 to 07/24/14 the injured worker symptomology were improved but still persistent despite undergoing bilateral carpal tunnel release with tenosynovectomy and left second digit A1 pulley excision. She continued with current medications, night splinting, and activity and work restrictions. Most recent follow up on 07/24/14 she continued to have symptoms consistent with deconditioning. She was approaching maximum medical improvement. She was recommended to undergo 12 sessions of therapy focusing on deconditioning and home Parafon bath. Prior utilization review on 08/20/14 was considered not medically necessary. The current request was for home Parafon bath.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Paraffin Bath: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- 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) Wrist and hand chapter, Paraffin wax baths

Decision rationale: The request for home paraffin bath is not medically necessary. The current guidelines do not support the request. ODG 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. The injured worker does not have arthritic hands; as such medical necessity has not been established.