

Case Number:	CM13-0012985		
Date Assigned:	12/11/2013	Date of Injury:	05/09/2001
Decision Date:	02/10/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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 patient is a 62-year-old female who reported an injury on May 9, 2001. The patient was noted to have painful hands rated at a 6/10 on the VAS. The patient was noted to have benefit from physical therapy, which brought the patient's pain down to a 2/10 to 4/10. The patient was noted to find the paraffin wax bath to be helpful in decreasing the pain during physical therapy. The patient's diagnoses were noted to include carpal tunnel syndrome, cervical disc displacement without myelopathy and carpal tunnel syndrome along with pain in the joint. The request was made for a paraffin wax bath and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Bath and Supplies for Home Use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Chapter, Paraffin Wax baths

Decision rationale: The Official Disability Guidelines recommend paraffin wax baths for patients with arthritic hands and as an adjunct to a program of evidence-based conservative care. The clinical documentation submitted for review indicated that the patient got relief with the

paraffin wax bath during physical therapy. However, it failed to provide documentation that the patient had arthritis; and additionally, it failed to provide that the patient would be using it as an adjunct to a program of evidence-based conservative care as it was noted the patient would be using it at home. Given the above and the lack of documentation, the request for a paraffin wax bath and supplies is not medically necessary.