

Case Number:	CM13-0033318		
Date Assigned:	12/06/2013	Date of Injury:	01/25/2013
Decision Date:	02/20/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/10/2013

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 Internal Medicine and Pulmonary Diseases and is licensed to practice in California. 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 51-year-old female who reported an injury on 01/25/2013. The mechanism of injury was stated the patient was opening a mold at work. The patient was noted to have complaints of pain in the left wrist, hand, and thumb and was noted to use a wrist brace for support. Objectively, the patient was noted to have dorsiflexion of 45 degrees, volar flexion of 45 degrees, radial deviation of 20 degrees, and ulnar deviation of 30 degrees. The diagnoses were noted to include left thumb sprain/strain and left hand sprain/strain, rule out tendonitis and carpal tunnel syndrome. The request was made for a paraffin wax bath for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

One paraffin wax unit: 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), Forearm, Wrist and Hand Chapter, Paraffin Wax Baths.

Decision rationale: The Official Disability Guidelines recommend paraffin wax baths as an option for arthritic hands if used in adjunct to a program of evidence based conservative care

including exercise. The clinical documentation submitted for review failed to indicate the patient had the condition of arthritis. There was a lack of documentation indicating the duration of the requested treatment and exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 1 paraffin wax unit is not medically necessary.