

Case Number:	CM14-0016855		
Date Assigned:	02/21/2014	Date of Injury:	10/18/2011
Decision Date:	07/24/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/10/2014

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 Occupational Medicine 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 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:

This is a 57-year-old female with a 10/18/11 date of injury. While performing her usual and customary job duties, she was cleaning the restroom and slipped and fell on the tile, landing on her back. In a progress note dated 1/3/14, the patient complained of low back pain rated 7/10, which radiated to both shoulders, locking of right middle finger, and worsening of right shoulder pain with no numbness. Physical exam findings: diminished sensation in both hands, positive Tinels sign, positive Phalens sign. The diagnostic impression consisted of: brachial neuritis, lumbosacral neuritis and shoulder region dis NEC. Treatment to date: medication management, activity modification, acupuncture. A utilization review decision dated 1/15/14 denied the request for paraffin bath for home use for bilateral hands. There was no clear evidence presented of significant arthritic hands. Therefore, the medical necessity of the current request has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

PARAFFIN BATH FOR HOME USE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Integrated Treatment/Disability Duration Guidelines. Forearm, Wrist and Hand.

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.

Decision rationale: The California MTUS does not address this issue. ODG states that paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care. In the progress notes reviewed, there is no documentation that the patient has been diagnosed with an arthritic condition. A progress note dated 10/18/13 noted that the patient had decreased sensation in right hand, however, it was improving. A specific rationale identifying why Paraffin baths would be required in this patient despite lack of guidelines support was not identified. Therefore, the request for paraffin bath for home use was not medically necessary.