

Case Number:	CM14-0019437		
Date Assigned:	04/23/2014	Date of Injury:	02/13/2004
Decision Date:	07/03/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/15/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 61 year old female with a reported date of injury on 02/13/2004. The injury reportedly occurred when washing floors. The injured worker complained of right wrist pain, traveling up into the shoulder. The right wrist x-ray report dated 09/20/2013, revealed deformity of the distal end of the radius and mild osteoarthritis in the injured worker's hand. According to the clinical note dated 01/14/2014 the injured worker's upper extremity motor strength was 5/5, with a positive Tinel's and Phalen's sign. The injured worker's medication regimen included ibuprofen, Tylenol and flexall gel. The request for authorization for paraffin bath and wax was submitted on 02/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PARAFFIN BATH 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) 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) Forearm, Wrist & Hand, Paraffin Wax Baths.

Decision rationale: The request for paraffin bath and wax is non-certified. The Official Disability Guidelines recommend paraffin wax baths as an option for arthritic hands if used in conjunction with a an exercise program. According to the documentation provided for review the injured worker complained of wrist and elbow pain. The objective findings were postive Tinel's and Phalen's. Although the x-ray report revealed mild osteoarthritis in the right hand, the documentation provided lack of complaints of pain or functional deficits in the injured worker's hand. In addition, the request for paraffin wax did not indicate the site at which the therapy was to be utilized. Therefore, the request for paraffin bath and wax is non-certified.