

Case Number:	CM14-0117465		
Date Assigned:	08/06/2014	Date of Injury:	12/29/2013
Decision Date:	10/01/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/27/2014

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 Management and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is a 41 year old female. The date of injury is December 29, 2013. The patient sustained an injury to her right upper extremity. The exact mechanism of injury was not elaborated on in the notes available for review. The patient carries the current diagnoses of brachial neuritis, not otherwise specified. The patient currently complains of pain primarily in the shoulder and right upper extremity. The patient is maintained on the multimodal pain regiment including the use of paraffin bath kit. A request for paraffin bath kit was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Bath Kit with 6 pounds of wax, 3 wax refills: Upheld

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

Decision rationale: According to the Official Disability Guidelines, Paraffin wax baths are 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. According to the documents available for review, the patient's primary diagnosis is brachial neuritis, not otherwise specified. She does not currently carry the diagnosis of arthritis of the hand. Therefore, at this time, the requirements for treatment have not been met and this request is not medically necessary.