

Case Number:	CM14-0160573		
Date Assigned:	10/06/2014	Date of Injury:	09/18/2010
Decision Date:	12/26/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/30/2014

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 Preventive 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:

According to the records made available for review, this is a 55-year-old female with a 9/18/10 date of injury. At the time (9/10/14) of the request for authorization for retrospective paraffin treatment right wrist (DOS: 9/10/14), there is documentation of subjective (right forearm/wrist pain) and objective (surgical scar on volar aspect of wrist well healed, decreased sensation and motor grip strength, decreased range of motion, mild diffuse tenderness to palpation over palmar aspect, wrist, and forearm) findings, current diagnoses (fracture radius with ulna, neuropathy, and wrist sprain/strain), and treatment to date (medication and paraffin treatments). There is no documentation of arthritic hands and that paraffin will be used as an adjunct to a program of evidence-based conservative care (exercise).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective paraffin treatment right wrist (DOS: 9/10/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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: MTUS does not address the issue. ODG identifies documentation of arthritic hands and paraffin will be used as an adjunct to a program of evidence-based conservative care (exercise), as criteria necessary to support the medical necessity of paraffin wax baths. Within the medical information available for review, there is documentation of diagnoses of fracture radius with ulna, neuropathy, and wrist sprain/strain. However, there is no documentation of arthritic hands and that paraffin will be used as an adjunct to a program of evidence-based conservative care (exercise). Therefore, based on guidelines and a review of the evidence, the request for retrospective paraffin treatment right wrist (DOS: 9/10/14) is not medically necessary.