

Case Number:	CM14-0171211		
Date Assigned:	10/23/2014	Date of Injury:	10/01/2003
Decision Date:	11/21/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/16/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 55 years old female with an injury date on 10/01/2003. Based on the 08/07/2014 hand written progress report provided by [REDACTED], the diagnoses are: 1. Left CTR 10/2010, right CTR 11/20022. Both elbow- m/l epi3. Shoulder St4. C/T sprain and strain5. Sleep disorder According to this report, the patient complains of persistent right shoulder pain with limited motion and weakness. Pain is described as moderate, constant, dull, ache, and soreness. Tenderness is noted at the AC joint. "SA/AC. Objective findings indicates "+hep, +Imp/CA, 4/5 weakness." Pain is rated as a 2-3 with medication and an 8 without medications. Patient gets 4-5 hours of relief of pain. The 05/27/2014 report indicates the patient is prescribed Tylenol #3. There were no other significant findings noted on this report. The utilization review denied the request on 09/26/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/14/2014 to 08/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home paraffin bath: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guidelines; Forearm, Wrist, & Hand Procedure Summary last updated 02/18/2014 regarding paraffin wax bath

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Paraffin wax baths, Forearm, Wrist, & Hand (Acute & Chronic) Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Heating Devices Number: 0540

Decision rationale: According to the 08/07/2014 report by [REDACTED] this patient presents with persistent right shoulder pain with limited motion and weakness. The treater is requesting home Paraffin bath. Regarding paraffin wax, ODG guidelines states, "Recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise)." Reviews of the reports do not show arthritis of the hands as diagnosis. Furthermore, Aetna Guidelines on heating devices states, "Aetna considers portable paraffin baths medically necessary DME for members who have undergone a successful trial period of paraffin therapy and the member's condition (e.g., severe rheumatoid arthritis of the hands) is expected to be relieved by long-term use of this modality. "In this case, given that the patient does not present with arthritic hands, use of paraffin wax does not appear indicated. The request is not medically necessary.