MAXIMUS Federal Services

Case Number:	CM14-0171848		
Date Assigned:	10/23/2014	Date of Injury:	05/22/2013
Decision Date:	11/25/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/17/2014

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 and 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 57-year-old female with a date of injury of 05/22/2013. The listed diagnoses per [redacted] are: 1. Foot, sprain/strain.2. Metatarsalgia. According to progress report 09/30/2014, the patient presents with continued bilateral feet complaints. The pain is rated as 6/10. The patient is requesting another paraffin bath to the bilateral feet. The patient has reported post-treatment pain level as 5/10 and "felt really good." It was noted that the patient has taken medications without side effects. There is no physical examination noted. Report 09/16/2014 states that the patient continues with bilateral feet pain and the paraffin bath had been "helpful in reducing pain." No physical examination was noted. This is a retrospective request for paraffin bath treatment. Utilization review denied the request on 09/30/2014. Treatment reports from 09/10/2014 through 10/21/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of paraffin bath treatment: 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 - 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) Wrist/Hand chapter, Paraffin wax bath

Decision rationale: This patient presents with bilateral feet pain. [redacted] is the requesting physician and does not provide physical examinations in this progress reports. Review of AME report from 07/30/2014 indicates the patient is status post ORIF from 15 years ago and continues to complain of pain in both feet. X-ray of the left foot from 05/31/2013 revealed moderately large calcaneal spur slightly more prominent on the plantar aspect but more irregular at the posterior aspect. This is a retrospective request for paraffin bath treatment. The MTUS and ACOEM Guidelines do not discuss paraffin units specifically. ODG does discuss paraffin wax bath, but only in regards to the wrist and hand. ODG under its Wrist/Hand chapter states for Paraffin wax bath, "Recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to Cochrane review, paraffin wax bath combined with exercise can be recommended for beneficial short-term effects for arthritic hands." In this case, ODG supports paraffin baths for arthritic hands when it is used adjunct to conservative care. There is no discussion of paraffin baths for the feet or ankle. There is no indication that the patient has arthritis or is currently participating in conservative care to warrant such treatment. The requested paraffin bath treatment is not medically necessary.