

Case Number:	CM14-0178738		
Date Assigned:	11/03/2014	Date of Injury:	03/30/2012
Decision Date:	12/12/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/28/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 45-year-old male with a 3/30/12 date of injury. The mechanism of injury occurred when he slipped on a wet floor and hit his right side of the head and upper back against an oven. According to a progress report dated 9/26/14, the patient complained of continued right shoulder, neck, and low back pain associated with numbness in the right upper extremities. His current medications help with pain about 30-40% and maintain his pain under control and improve activities of daily living. Objective findings: none noted. Diagnostic impression: cervical degenerative disc disease, lower back pain, shoulders joint pain, myofascial pain/cervical radiculopathy. Treatment to date: medication management, activity modification, TENS unit. A UR decision dated 10/10/14 denied the request for RETRO paraffin bath kit. There is no indication of the usage of the request for the chronic condition being treated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Paraffin bath kit for home use for purchase: 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) Knee & Leg, Durable Medical Equipment

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, and Hand Chapter - Paraffin Wax Baths

Decision rationale: CA MTUS does not address this issue. ODG states that paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care. However, according to the medical documentation submitted for review, there is no evidence of a diagnosis of arthritis of the hand that has been corroborated by clinical imaging studies or plain films. There is also no evidence of this patient's active participation in a physical rehabilitation program. In addition, there is no documentation of the date of service being requested for this retrospective request. Since the date of service is not indicated, this request cannot be substantiated. Therefore, the request for Retro Paraffin bath kit for home use for purchase was not medically necessary.