

Case Number:	CM14-0025034		
Date Assigned:	06/11/2014	Date of Injury:	12/06/2011
Decision Date:	07/29/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/27/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 injured worker is a 29-year-old male who reported an injury on 12/06/2011 due to an unknown mechanism. Per the physical examination dated 12/13/2013, the injured worker was unable to make a fist with his left hand. Objective findings also indicate that the injured worker was unable to grip things with the left hand. The injured worker's diagnoses were reflex sympathetic dystrophy left upper extremity, noxious toxic fume exposure secondary to smoke inhalation from fire, left shoulder sprain or strain, left wrist strain/sprain, and left hand sprain/strain. The injured worker's medications were Anaprox 550 mg for inflammation, Norco 10/325 mg for moderate to severe pain, Prilosec for gastritis, and Lyrica 50 mg. There were no other past treatments or diagnostics provided with documentation received. The Request for Authorization Form was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: PARAFFIN WAX UNIT: 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) Forearm, Wrist, and Hand, Paraffin wax baths.

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, Paraffin wax baths.

Decision rationale: The request for a paraffin wax unit is non-certified. The Official Disability Guidelines (ODG) indicate 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 Cochran review, paraffin wax baths combined with exercise can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodology consideration such as poor quality of trials. The injured worker indicated in the clinical documentation that the medications were helpful in providing pain relief of the left hand. In addition, there were no objective documentation as to the injured worker having joint pain or a clinical diagnosis of arthritis. Therefore, the request for a paraffin wax unit is non-certified.