

<b>Case Number:</b>	CM14-0035382		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	03/31/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 23-year-old female. The injured worker reported injury on 03/31/2013. The mechanism of injury was injured worker was restraining a patient. The injured worker has been treated with physical therapy and medications. The documentation of 01/28/2014 revealed the injured worker had left wrist pain and pain to palpation. The diagnosis included left wrist pain rule out CRPS. The treatment plan included an aqua relief system and paraffin bath as well as a home exercise kit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paraffin Banth DME:** 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).

**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 Chapter, Paraffin Wax Bath.

**Decision rationale:** The Official Disability Guidelines indicate that the use of paraffin wax baths is appropriate for the treatment of arthritic hands if it is used as an adjunct to a program of

evidence based conservative care including exercise. The clinical documentation submitted for review failed to provide documentation the injured worker would be utilizing the treatment as an adjunct to a program of evidence based conservative care. There was a lack of documentation indicating the injured worker had arthritic hands. The request as submitted failed to indicate the duration of use and whether the request was for rental or purchase. Given the above, the request for paraffin bath DME is not medically necessary.