MAXIMUS Federal Services

| Case Number: | CM14-0038450 | | |
|---|---|---|---|
| Date Assigned: | 06/27/2014 | Date of Injury: | 11/17/2013 |
| Decision Date: | 08/20/2014 | UR Denial Date: | 03/18/2014 |
| Priority: | Standard | Application Received: | 04/01/2014 |

## 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 51-year-old male was reportedly injured on November 17, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated May 23, 2014, indicates that there are ongoing complaints of constant right wrist pain rated at 8/10. The physical examination demonstrated limited and painful right wrist range of motion with 20 of flexion and 30 of extension. There was a request for six additional sessions of acupuncture. Diagnostic imaging of the right wrist dated December 13, 2013 indicates no significant osseous abnormality in the presence of a soft tissue lesion bordering the volar aspect of the distal radial metaphysis and epiphysis. Previous treatment includes acupuncture. A request had been made for a paraffin bath for the right wrist x 2 and was not certified in the pre-authorization process on March 18, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Paraffin bath to right wrist times 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**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, Updated August 8, 2014.

**Decision rationale:** According to the Official Disability Guidelines, paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care. According to the recent progress note dated May 23, 2014, and recent plain radiographs of the right wrist, the injured employee does not have arthritis of the right hand/wrist. Therefore this request for a paraffin bath of the right times two is not medically necessary.