

Case Number:	CM14-0046817		
Date Assigned:	07/02/2014	Date of Injury:	06/12/2011
Decision Date:	08/06/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/14/2014

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 30 year old female with a reported injury on 06/12/2011. The mechanism of injury was not provided. She had an examination on 05/07/2014 with complaints of left ankle pain. The injured worker was avoiding oral medications and injections due to pregnancy. She had a history of left baxter's nerve release and painful incision. The date of the release was not provided. There was no documentation of previous physical therapy or home exercise program. The treatment plan did not mention the use of paraffin wax. The request for authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Wax Machine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Forearm, wrist and hand, Paraffin wax baths.

Decision rationale: The request for paraffin wax machine is not medically necessary. The injured worker had a history of a baxter nerve release. The date of release was not provided. There is no evidence of physical therapy or home exercise program. The injured worker chooses

not to treat ankle pain with medications or injections due to pregnancy. The ODG recommend paraffin wax baths for the treatment of arthritis and as an adjunct to a program of evidence-based conservative care. There is no documentation of a diagnosis of arthritis and there was no evidence provided of any other conservative care. Therefore the request for paraffin wax machine is not medically necessary.