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| Case Number: | CM14-0050865 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 02/13/2004 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 03/21/2014 |
| Priority: | Standard | Application Received: | 04/18/2014 |

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 Emergency Medicine, and is licensed to practice in New York. 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 patient is a 62-year-old female who was injured on February 13, 2004. The patient continued to experience pain and tingling in her right forearm and left wrist. Physical examination was notable normal motor strength of the upper extremities, intact sensation of the upper extremities, tenderness over the second and third compartment of the right wrist and positive tunnel sign over the dorsal wrist scar. Diagnoses included forearm tendinitis and tenosynovitis. Treatment included surgery and medications. Request for authorization for Paraffin bath and 4 pounds of wax was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Bath and 4 lbs of wax: 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, & Hand (updated 02/18/14) 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: 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 Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. In this case the patient does not have a diagnosis of hand arthritis. In addition there is no documentation that the patient is participating in an exercise program. The request is not medically necessary.