

<b>Case Number:</b>	CM14-0069674		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/10/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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:

This is a male patient with date of injury of November 10, 2013. A utilization review determination dated May 3, 2014 was not medically necessary of one paraffin bath for home use because paraffin wax is a recommended treatment for arthritic hands and the patient does not have a diagnosis of arthritis in the hands. A progress note dated April 24, 2014 identifies subjective complaints of 9/10 pain level for the right shoulder with request for a paraffin bath for the right shoulder. There is also complaints of low back pain with bilateral lower extremity numbness and tingling right worse than left, severe decrease in range of motion of the right shoulder with weakness, unsteady gait with limping to the right, continued jaw locking with deep sleeping since stopping Tramadol, report that Tylenol #3 is not helping with pain, and the patient is requesting to resume Tramadol. The patient is also unable to take Topiramate due to tingling of the face and extremities. Physical examination identifies decreased range of motion of the right shoulder and the lumbar spine, myofascial pain, and guarding of the right upper extremity. The diagnoses include contusion of the shoulder, contusion of the chest, cervical sprain/strain, and lumbar sprain/strain. The treatment plan recommends paraffin bath for right hand/wrist for home use, continue with Tramadol 50 mg b.i.d, continue with acupuncture trial x 6 for the lumbar spine, right upper extremity, and right lower extremity, and continue with Gabapentin 600 mg TID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Paraffin bath:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm wrist and Hand.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Paraffin wax baths.

**Decision rationale:** Regarding the request for home paraffin bath, California MTUS does not address the issue. ODG cites that 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). Within the documentation available for review, there is no documentation of arthritic hands and of adjunctive treatment with exercise. In the absence of the above documentation, the currently requested paraffin wax bath is not medically necessary.