

Case Number:	CM14-0074118		
Date Assigned:	07/16/2014	Date of Injury:	11/02/2012
Decision Date:	09/19/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 62-year-old gentleman was reportedly injured on November 2, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 6, 2014, indicated that there were ongoing complaints of left shoulder pain. No physical examination was performed on this date. An MRI of the shoulder was obtained, but the result is unknown. Previous treatment included paraffin wax treatments, a home exercise, acupuncture and oral medications. A request had been made for a paraffin wax bath and treatment for home use and was not certified in the pre-authorization process on May 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PARAFFIN WAX BATH FOR HOME USE: 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 (ACUTE ON CHRONIC).

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. There is no indication for this treatment for shoulder pain. As such, this request for a paraffin wax bath for home use is not medically necessary.

1 PARAFFIN WAX TREATMENT: 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 (ACUTE ON CHRONIC).

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. There is no indication for this treatment for shoulder pain. As such, this request for a paraffin wax bath for home use is not medically necessary.