MAXIMUS Federal Services

Case Number:	CM14-0076535		
Date Assigned:	08/15/2014	Date of Injury:	02/06/2007
Decision Date:	09/19/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/27/2014

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 Occupational Medicine 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:

The patient is a 57 year old female who sustained an injury to his right knee and right ankle when he slipped and fell on the wet metal floor on 09/12/2013.Progress report dated 07/18/2013 states the patient presented with complaints of lumbar spine pain, myospasm and weakness with loss of range of motion and right shoulder pain, myospasm, numbness and weakness. She reported her activities of daily living are affected due to her pain such as brushing teeth, combing hair, bathing, and dressing herself. There is no treatment recommendation provided for the hand/wrist. Prior utilization review dated 05/09/2014 states the request for Paraffin Bath 4 weeks Rental for Hand/Wrist is denied as there is no indication documented that warrants this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Bath 4 weeks Rental for Hand/Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, Hands.

Decision rationale: According to MTUS guidelines, at-home applications of heat are as effective as those performed by a therapist. According to ODG guidelines, paraffin wax baths

may provide short-term relief of arthritic hands in combination with exercise. However, in this case, hand arthritis is not demonstrated. There is no discussion of a concurrent exercise program. Standard heat applications are probably as effective as paraffin wax baths. Medical necessity is not established.