

<b>Case Number:</b>	CM14-0171808		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 43 year old female who was injured on 7/2/2013 after falling. She was diagnosed with right arm contusion, lumbosacral strain, and left ankle strain. She was treated with TENS unit and medications. On 9/3/14, the worker was seen by her primary treating nurse practitioner reporting continual low back pain, left lower leg pain with intermittent numbness and tingling, and left ankle pain. She reported increased left ankle pain and weakness with walking. She was treated with a paraffin bath during the appointment and recommended to have a paraffin kit at home for more regular use. She was also recommended to continue her pain medications, TENS unit, and home exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that for ankle injuries, heat may be used at home before or after exercises or as needed for pain relief. Paraffin baths,

specifically, are not mentioned as a recommended method for heat transfer to the affected area. There are many less complicated methods for applying heat to painful areas besides paraffin baths, and they provide equally effective pain relief. In the case of this worker, she was given paraffin baths during her office visit with her primary treating nurse practitioner, and recommended paraffin baths at home, however, this method of applying heat is not recommended or medically necessary in order to use heat for symptomatic relief.