MAXIMUS Federal Services

Case Number:	CM14-0195791		
Date Assigned:	12/03/2014	Date of Injury:	01/22/2008
Decision Date:	01/20/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/21/2014

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, has a subspecialty in Interventional Spine 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 51 year old female with an injury date on 1/22/08. The patient complains of continued pain in her bilateral forearms per 10/17/14 report. The patient states topical cream is helpful in controlling pain at night, but she is currently only using Ibuprofen as her Lidoderm patches have been denied for over 3 months per 10/17/14 report. The 10/3/14 report states the patient is working part time on modified duty. The patient has begun working 6 hours a day with restrictions, but the increased workload is increasing her pain after work per 7/16/14 report. Based on the 10/17/14 progress report provided by the treating physician, the diagnoses are:1. bilateral pain in joint, wrist2. myofascial painA physical exam on 10/17/14 showed "tenderness to palpation extensor carpi radialis longus muscle in forearm bilaterally." No range of motion testing was found in provided reports. The patient's treatment history includes medications, home exercise program, H-wave, paraffin bath (previously very helpful). The treating physician is requesting paraffin bath kit with one box of paraffin wax. The utilization review determination being challenged is dated 11/5/14 and denies request as patient does not have arthritis of the hands. The requesting physician provided treatment reports from 1/10/14 to 10/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin bath kit with one box of paraffin 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 and Hand; Paraffin Wax Bath

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

Decision rationale: This patient presents with pain in bilateral forearms. The treating physician has asked for PARAFFIN BATH KIT WITH ONE BOX OF PARAFFIN WAX on 10/17/14. The patient had prior paraffin baths which were "very helpful" per 10/17/14 report. Regarding Paraffin Wax Baths, ODG recommends 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. These conclusions are limited by methodological considerations such as the poor quality of trials. (Robinson-Cochrane, 2002). In this case, the patient has chronic pain in the bilateral forearms, and paraffin baths were used effectively before to manage pain. There is no documentation, however, that the patient has osteoarthritis of the hands. The requested paraffin bath kit with one box of paraffin wax IS NOT medically necessary.