

Case Number:	CM14-0195925		
Date Assigned:	12/03/2014	Date of Injury:	01/22/2008
Decision Date:	02/03/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/23/2014

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 Rehab, 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:

This patient is a 51-year-old female with a date of injury of January 22, 2008. The list of diagnoses are bilateral pain in joint of wrist and myofascial pain. According to the progress report dated October 17, 2014 the patient presents with continued pain in her bilateral forearms. The patient is using Lidoderm patches and ibuprofen 600 mg as needed for her pain. Medications help her to maintain functional and she has been working part-time. Examination revealed "+TTP extensor carpi radialis longus muscle in for our bilaterally." The treatment plan is for medications, home exercise program, H wave unit, and paraffin bath kit for home use. The treating physician notes that previous para fin bath have been "very helpful for managing her pain." The utilization review denied the request on November 5, 2014. Treatment reports from December 27, 2013 through October 17, 2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Bath Kit for home use with 1 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) Wrist and Hand chapter, Paraffin wax baths

Decision rationale: This patient presents with chronic bilateral wrist pain. The current requests for paraffin bath kit for home use with one box of paraffin wax. The MTUS and ACOEM Guidelines do not discuss paraffin unit specifically. However, ODG under wrist and hand has the following regarding paraffin wax baths, "Recommended 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 exercise can be recommended for beneficial short-term effects for arthritic hands." In this case, the patient suffers from chronic bilaterally wrist and myofascial pain. There are no x-rays provided for review and there are no discussions of arthritis or adjunct conservative care. The requested paraffin unit is not medically necessary.