

Case Number:	CM15-0103721		
Date Assigned:	06/08/2015	Date of Injury:	05/03/2013
Decision Date:	07/13/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 injured worker is a 38-year-old female, with a reported date of injury of 05/03/2013. The diagnoses include right acromioclavicular arthritis. Treatments to date have included electrodiagnostic study, which was positive for right median nerve compression at the wrist; and an MRI on 12/16/2013, which showed acromioclavicular joint spurring. The medical report from which the request originates was not included in the medical records provided for review. The visit note dated 12/15/2014 indicates that the injured worker complained of right shoulder pain. The pain was described as burning, sharp, and aching, and associated with arm pain, hand numbness, arm weakness, and hand tingling. She rated the right shoulder pain 5 out of 10 on a bad day. The physical examination showed painful right shoulder acromioclavicular (AC) cross chest test, right AC joint tenderness to palpation, right and positive right Neer impingement. The treating physician requested paraffin bath for the bilateral hands/wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin bath for bilateral hands and wrist: 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),

Treatment in Workers Compensation (TWC), Forearm, Wrist & Hand Procedure Summary
Online Version last updated 03/09/2015, Paraffin wax baths.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: Per the ACOEM, physical modalities have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. In this injured worker, the records do not substantiate the clinical or functional goals or medical necessity for paraffin baths. The request is not medically necessary.