

Case Number:	CM15-0162406		
Date Assigned:	08/28/2015	Date of Injury:	06/30/2014
Decision Date:	09/30/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/18/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 48 year old female, who sustained an industrial injury on June 30, 2014, incurring left shoulder injuries. She was diagnosed with left shoulder rotator cuff syndrome, left shoulder impingement syndrome and left De Quervain's tenosynovitis. She underwent surgical tendon release of the left hand. Treatment included anti-inflammatory drugs, proton pump inhibitor, physical therapy, cortisone injections, and modified activities. Currently, the injured worker complained of constant left shoulder pain brought on with movement of her hand and her shoulder. She noted persistent pain in the left wrist with movement and restricted range of motion. The treatment plan that was requested for authorization included a paraffin wax bath.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin wax 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, Forearm Wrist & Hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand chapter and pg 27.

Decision rationale: According to the guidelines, Paraffin is recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). In this case, there is no indication of arthritis. . The request for Paraffin is not medically necessary.