

Case Number:	CM15-0165614		
Date Assigned:	09/03/2015	Date of Injury:	05/18/2013
Decision Date:	10/13/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain, hand pain, and upper extremity pain reportedly associated with an industrial injury of May 18, 2013. In a Utilization Review report dated August 6, 2015, the claims administrator failed to approve requests for a paraffin bath purchase and an associated 3 months' worth of supplies. The claims administrator referenced an RFA form received on July 30, 2015 in its determination, along with an associated progress note of July 28, 2015. On said July 28, 2015 progress note, the applicant reported ongoing complaints of neck, back, and hand pain with associated upper extremity paresthesias, 5-10. The applicant was working full time as a driver. The applicant contended that she was deriving 30% to 40% pain relief as a result of ongoing medication consumption. Acupuncture, a paraffin bath trial, naproxen, Flexeril, LidoPro ointment, and regular duty work were endorsed. The applicant was given diagnosis of hand pain, cervical radiculopathy, upper extremity paresthesias, lumbar strain, and myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Bath, purchase: 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 - Paraffin wax baths.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Paraffin wax baths.

Decision rationale: No, the request for a paraffin bath device purchase was not medically necessary, medically appropriate, or indicated here. The paraffin bath device represents a means of delivering heat therapy for the hands. While the MTUS Guideline in ACOEM Chapter 11, Table 11-4, page 264 does recommend at-home local applications of heat and cold as methods of symptom control for applicants with low back pain complaints, as were/are present here, by implication/analogy, the MTUS Guideline in ACOEM Chapter 11, page 264 does not recommend high-tech devices for purposes of delivering heat therapy and/or cryotherapy, as was seemingly sought here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. Here, however, the attending provider's July 27, 2015 progress note seemingly set forth request for multiple different passive modalities to include the paraffin bath device, topical LidoPro ointment, acupuncture, a TENS unit, etc. Usage of the paraffin bath device at issue, thus, was at odds with both page 98 and page 264 of the ACOEM Practice Guidelines as well as with ODG's Forearm, Hand, and Wrist Chapter Paraffin Wax Bath Device topic, which notes that the paraffin device in question is recommended as an option for arthritic hands. Here, however, there was no mention of the applicant's carrying a diagnosis of hand arthritis for which the article in question was indicated. Therefore, the request was not medically necessary.

3 month supplies (paraffin bath), purchase: 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 - Paraffin wax baths.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Paraffin wax baths.

Decision rationale: Since the primary request for a paraffin bath device was deemed not medically necessary above, the derivative or companion request for an associated 3 months' worth of the supplies was likewise not medically necessary.