

<b>Case Number:</b>	CM15-0181847		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	03/26/2015
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: North Carolina

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 46 year old female, who sustained an industrial injury on 3-26-2015. The injured worker was diagnosed as having closed fracture of one or more phalanges of foot, non-union of fracture, and tenosynovitis of foot and ankle. Treatment to date has included diagnostics, modified duty, transcutaneous electrical nerve stimulation unit, and medications. Currently (8-25-2015), the injured worker complains of continued foot pain, particularly with weight bearing, not currently rated. Transcutaneous electrical nerve stimulation unit was "remarkably" helpful and medications helped pain. Medication use included Ibuprofen. Exam noted tenderness to palpation of the right great toe and pain reproducible to touch, as well as passive range of motion of the great toe. It was documented that x-ray and magnetic resonance imaging of the right foot did not show any definitive evidence of a fracture, although magnetic resonance imaging "does show evidence of a fracture at the PP of the great toe, but area was not hypointense on T2 images". Her work status remained modified. The treatment plan included paraffin bath for foot fracture pain, non-certified by Utilization Review on 9-01-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paraffin bath:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care.

**Decision rationale:** The ACOEM chapter on foot complaints states: Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute ankle or foot symptoms, although some are used commonly in conjunction with an active therapy program, such as therapeutic exercise. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of these therapies. The ACOEM does recommend the at home application of heat. However the application of heat in the form of a paraffin bath is not supported. There is no documentation why the patient could not use a heated compress or pad. Therefore the request is not medically necessary.