

<b>Case Number:</b>	CM15-0021477		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	04/14/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50-year-old female who reported an injury on 04/14/2014. The clinical documentation indicated that the injured worker had been treated for neck, right shoulder, and wrist complaints with a surgical history of right wrist open carpal tunnel release which was performed on 06/26/2014. As of 12/29/2014, she rated her pain level as an 8/10 with objective findings of tenderness to palpation, abnormal reflexes, abnormal gait but no right wrist erythema. She had been diagnosed with cervical degenerative disc disease, right shoulder contracture, myofascial pain and gastritis. A request was made for a paraffin bath. Previously this request had been denied based on a lack of clinical documentation of a diagnosis of arthritis of the hands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Paraffin bath for home use:** 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 & Hand (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter, Paraffin wax baths.

**Decision rationale:** Under the Official Disability Guidelines, the use of paraffin wax baths may be used as an option for injured workers who have a diagnosis of arthritis of the hands where they will be utilizing the paraffin as an adjunct to an exercise based program. However, the most recent clinical documentation did not diagnose the injured worker with arthritis of the hands nor was there indication that she would be utilizing the paraffin as an adjunct to ongoing evidence based conservative care. Therefore, the requested service cannot be supported and the medical necessity has not been established.