

Case Number:	CM15-0023157		
Date Assigned:	02/12/2015	Date of Injury:	08/15/1999
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/06/2015

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 67-year-old female who reported an injury on 08/15/1999 due to regular job duties. On 01/05/2015, she presented for a follow-up evaluation. It was noted that she had undergone x-rays of her hands, but that they were not in receipt of the physical report. Her medications included hydrocodone 10 mg and Feldene 10 mg. A physical examination was noted to be unchanged since 12/08/2014. An "initial physical examination" reportedly showed severe stiffness and soreness of the hands and inability to grasp, with an extremely weak grasp. She was diagnosed with bilateral arthritis changes, right worse than the left. It was also stated that physical therapy would be extremely useful and that a paraffin bath would be useful. The treatment plan was for 1 purchase of a paraffin bath for home use. The rationale for treatment was to promote warmth and flexibility of the hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase Paraffin Bath For Home Use, Submitted Diagnosis Bilateral Arthritic Hands, As An Out-Patient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Work Loss Data Institute, LLC. Forearm, Wrist & Hand (Acute and 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/Hand, Paraffin wax baths.

Decision rationale: The Official Disability Guidelines recommend paraffin wax bath as an option for arthritis hands if used as an adjunct to program of evidence based conservative care, such as exercise. There is a lack of documentation showing that the injured worker has arthritis of the bilateral hands to support the request. Also, there is a lack of evidence showing that she would be using the paraffin bath as an adjunct to other appropriate treatment modalities, such as exercise. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.