

<b>Case Number:</b>	CM15-0025040		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	02/25/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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

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 47 year old female who sustained an industrial related injury on 2/25/14. The injured worker had complaints of left hand pain and stiffness. Physical examination findings included mildly limited wrist range of motion and left grip strength of 25 pounds. The diagnosis was closed fracture of phalanx or phalanges of hand. Treatment included left 5th metacarpophalangeal joint open reduction internal fixation and radical collateral ligament repair on 3/27/14, 24 visits of hand therapy, and acupuncture. The treating physician requested an in home paraffin bath to help with ongoing sensitivity and stiffness noting this modality was most helpful while the injured worker was in physical therapy. The request was non-certified on 2/3/15. The utilization review (UR) physician cited the Medical Treatment Utilization Schedule guidelines and Official Disability Guidelines. The UR physician noted there is no guideline support for equipment over ordinary hot and cold packs or soaks. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In Home Paraffin Bath With Wax:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Paraffin Wax Baths

**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, page 172

**Decision rationale:** ODG states the paraffin wax bath is recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodological considerations such as the poor quality of trials. Submitted reports have not adequately demonstrated support or medical indication for this paraffin unit. The In Home Paraffin Bath With Wax is not medically necessary and appropriate.