

Case Number:	CM15-0050283		
Date Assigned:	03/23/2015	Date of Injury:	08/15/2013
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/17/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 39 year old female, who sustained an industrial injury on 8/15/13. She reported pain in the right wrist related to a slip and fall accident. The injured worker was diagnosed as having closed fracture of the right radius. Treatment to date has included surgery, physical therapy, TENs unit, heat and ice therapy and pain medications. As of the PR2 dated 2/24/15, the injured worker reports 8/10 pain in the right wrist with swelling. The treating physician noted right upper extremity weakness and tingling. The treating physician requested a paraffin bath with wax refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 paraffin bath with wax refill: 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, & Hand, Paraffin wax baths.

Decision rationale: ODG specifically states "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. (Robinson-Cochrane, 2002)." The medical documents provided indicate this patient has previously utilized a paraffin bath, however, the treating physician has not provided documentation of objective functional improvement with the use of this therapy. Of the medical documentation provided, none discussed the patient having a diagnosis of arthritis or findings suggestive of arthritis. As such, the request for 1 paraffin bath with wax refill is not medically necessary.