

Case Number:	CM15-0088828		
Date Assigned:	05/13/2015	Date of Injury:	04/14/2014
Decision Date:	06/12/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/08/2015

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 34-year-old male, who sustained an industrial injury on 4/14/2014. He reported cutting the right hand in a blender sustaining multiple lacerations and open fracture of the index, middle, and long fingers. Diagnoses include right hand crush injury with displaced fracture to index finger, ring finger, and middle finger; status post extensive open reduction internal fixation (ORIF) and tendon repair. Treatments to date include medication therapy and occupational therapy. Currently, he complained of no change in the symptoms involving the right wrist and hand. On 4/1/15, the physical examination documented right wrist, hand tenderness, and decreased range of motion and strength. The plan of care included a request for authorization for the purchase of a paraffin bath wax unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin bath wax unit (purchase): 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-TWC), Chapter: Forearm, Wrist, & Hand (Acute & Chronic) Paraffin wax baths.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, paraffin wax.

Decision rationale: The California MTUS and ACOEM do not directly address the requested service. The ODG states that paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence based conservative care. The patient does not have the diagnosis of arthritis in the hands and therefore the request is not medically necessary.