

Case Number:	CM15-0245919		
Date Assigned:	12/28/2015	Date of Injury:	02/06/2015
Decision Date:	01/29/2016	UR Denial Date:	12/04/2015
Priority:	Standard	Application Received:	12/17/2015

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: Arizona, California
 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 35 year old male who sustained an industrial injury on 2-6-15. The injured worker was diagnosed as having pain in finger and pain in left hand. Subjective findings (7-17-15, 8-6-15, 9-22-15 and 11-9-15) indicated left index finger pain and numbness. Objective findings (7-17-15, 8-6-15, 9-22-15 and 11-9-15) revealed decreased sensation and allodynia over the left index finger and restricted range of motion. Treatment to date has included acupuncture, occupational therapy, Norco, and Lidoderm patch. The Utilization Review dated 12-4-15, non-certified the request for a paraffin wax bath (home use).

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin wax bath (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, Forearm, Wrist, and Hand, 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) hand chapter and pg 27.

Decision rationale: According to the guidelines, Paraffin is recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). In this case, the claimant does not have arthritic hands. Though it may provide some relief, it is not a medical necessity.