

Case Number:	CM14-0163027		
Date Assigned:	10/08/2014	Date of Injury:	11/11/2011
Decision Date:	11/04/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 41-year-old female with a 11/11/11 date of injury. At the time (8/13/14) of request for authorization for Paraffin bath for home use with antibacterial Paraffin wax 6 bottles with 3 refills, there is documentation of subjective (bilateral wrist pain) and objective (tenderness over the bilateral wrist and decreased range of motion) findings, current diagnoses (pain in joint - wrist, joint pain - hand, and wrist or hand tenosynovitis), and treatment to date (medications and treatment with TENS unit). There is no documentation of arthritic hands and that paraffin wax will be used as an adjunct to a program of evidence-based conservative care (exercise).

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Bath for Home use with Antibacterial Paraffin Wax 6 Bottles with 3 Refills:

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 Chapter 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, and Hand, Paraffin wax baths

Decision rationale: MTUS does not address the issue. ODG identifies documentation of arthritic hands and paraffin wax used as an adjunct to a program of evidence-based conservative care (exercise), as criteria necessary to support the medical necessity of paraffin wax baths. Within the medical information available for review, there is documentation of a diagnosis of pain in joint - wrist, joint pain - hand, and wrist or hand tenosynovitis. However, there is no documentation of arthritic hands and that paraffin wax will be used as an adjunct to a program of evidence-based conservative care (exercise). Therefore, based on guidelines and a review of the evidence, the request for Paraffin bath for home use with antibacterial Paraffin wax 6 bottles with 3 refills is not medically necessary.