

Case Number:	CM15-0009671		
Date Assigned:	04/10/2015	Date of Injury:	09/21/2014
Decision Date:	06/11/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/16/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 26 year old female who sustained an industrial injury on 9/21/2014. Her diagnoses, and/or impressions, included: crush injury to the left middle finger. No current magnetic resonance imaging studies are noted. Her treatments have included physical therapy for the left finger, to include Paraffin wax treatments; home exercise program, green theraputty; red theraband wrist flexion-extension-radial deviation exercises; and modified work duties. Progress notes of 12/2/2014 noted complaints of pain in the posterior and medial-lateral 3rd digit of the left hand, and noted ulnar left wrist pain with finger flexion; unchanged from the previous visit. The physician's requests for treatments were noted to include additional physical therapy for the left finger, and the purchase of a Paraffin wax unit, with wax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home paraffin unit plus wax for the left middle finger: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Paraffin wax baths.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Paraffin wax baths. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Paraffin wax baths "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)." There is no documentation that the patient developed hand arthritis and the request for Paraffin wax baths is not medically necessary.