

Case Number:	CM15-0113219		
Date Assigned:	06/25/2015	Date of Injury:	02/25/2013
Decision Date:	07/23/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/11/2015

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:

This is a 57 year old female with a February 25, 2013 date of injury. A progress note dated May 28, 2015 documents subjective complaints (presents for paraffin therapy to left shoulder; pain rated at a level of 6/10 pre-treatment, 4/10 post treatment) objective findings (tenderness to palpation of the cervical paraspinal muscles; decreased range of motion; decreased range of motion of the left shoulder with tenderness to palpation), and current diagnoses (left shoulder pain; C7 radiculopathy; left triceps strain; rule out carpal tunnel syndrome). Treatments to date have included medications, transcutaneous electrical nerve stimulator unit, home exercise, and physical therapy. The treating physician documented a plan of care that included a paraffin unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Unit (Home), Paraffin Tx complete for left arm and shoulder: 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, and Hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and Paraffin wax baths and pg 26.

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 arthritis. The Paraffin is considered an option. The claimant is already undergoing more evidence based interventions including therapy, exercise and stimulation. The request for Paraffin is not medically necessary.