

<b>Case Number:</b>	CM15-0114647		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	10/21/2010
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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 41 year old male, who sustained an industrial injury on 10/21/10. The injured worker has complaints of low back and sacral pain and left ankle pain. The documentation noted that he injured worker had decreased sensation to light touch L4-S1 (sacroiliac) on left and decreased range of motion of left ankle with dorsiflexion, plantarflexion, inversion and eversion. The diagnoses have included osteoarthritis lower leg; patellofemoral syndrome and lumbosacral or thoracic, neuritis or radiculitis unspecified and status post lumbar fusion. Treatment to date has included home exercise program; transcutaneous electrical nerve stimulation unit; tramadol, meloxicam and baclofen. The request was for paraffin bath treatment left ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paraffin bath treatment left ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/24550963>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 363.

**Decision rationale:** The ACOEM chapter on foot and ankle complaints states: Patients may use applications of heat or cold at home before or after exercises; these are as effective as those performed by a therapist. Applying cold regularly for 36 to 48 hours following acute injury and swelling is beneficial. The provided documentation for review does not establish a need for a paraffin bath over traditional heat compresses and therefore the request is not medically necessary.