

Case Number:	CM15-0115146		
Date Assigned:	06/23/2015	Date of Injury:	04/26/2014
Decision Date:	07/30/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	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: Texas, 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 49 year old female patient, who sustained an industrial injury on 4/26/14. The diagnoses have included contracture hand and cubital tunnel syndrome. Per the doctor's note dated 6/4/2015, she had complaints of hand pain post-operative for left hand surgery. The physical examination of the left wrist/hand revealed mild wrist/hand swelling, no overt motor deficit or paralysis identified and no overt sensory deficit. The medications list includes proair HFA, lisinopril, ibuprofen, vicodin, advair HFA and prednisone. She has had MRI of the left wrist and hand on 2/3/15; electromyography/nerve conduction study of the left upper extremity on 10/10/14; left wrist/hand X-rays which revealed arthritic changes at DIP joint of the small finger. She has undergone left small finger metatarsophalangeal joint collateral ligament release and extensor tenolysis in March 2015. She has had physical therapy visits for this injury. The request was for paraffin bath (purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin bath (purchase): Overturned

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, & 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) Chapter: Forearm, Wrist, & Hand (updated 06/29/15) Paraffin wax baths.

Decision rationale: Q-- Paraffin bath (purchase) ACOEM and CA MTUS do not address this request. Per the ODG forearm and wrist chapter, paraffin wax bath is "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." The patient has had left hand/wrist pain with recent surgery and hand contracture. Patient had arthritis of the DIP joint of the small finger of the left hand. Patient has tried conservative therapy including physical therapy visits and pharmacotherapy. Paraffin bath is medically appropriate and necessary for this patient with hand pain with arthritis. The request of Paraffin bath (purchase) is medically appropriate and necessary for this patient.